Protocol User Requirements Specification (PURS)

TrialStat ClinicalAnalytics Data Capturing System

National Institute on Drug Abuse (NIDA)

NIDA-CPU-Methylphenidate-0001

Version 1.0
30-MAY-2008

CONFIDENTIAL

Document Approvals

Prepared by:

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04-Jun-2008
Date

Review Responsibilities

Technical review by the following signatories ensures the consistency between this document, the clinical study protocol and the generally understood behaviour of the TrialStat ClinicalAnalytics system and reports potential problems (see User Acceptance Testing UAT).

Appropriate DecisionLine Department Manager review ensures that from a management position the current clinical study protocol requirements and DecisionLine Corporate Policies are respected.

Quality Assurance review ensures that from a quality position this document adheres to DecisionLine SOPs and policies and that general QA issues are satisfied.

Sponsor review indicates approval of this document.

Approvals

By signing this section, the individuals below agree that they have reviewed the scope of the effort described in this Protocol User Requirements Specification (PURS) for the Methylphenidate Drug-Drug Interaction NIDA-CPU-Methylphenidate-0001 Version 4 Date: 17 April 2008. The signatures below represent the approval and acceptance of this document by DecisionLine and National Institute on Drug Abuse.

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Revision Summary

Revision	Date	By	Description
1.0	30MAY2008	Olga Antonova	Initial release

Table of Contents

1. Introduction

1.1 Purpose and Scope

The purpose of this document is to detail requirements necessary for setting up the Electronic Case Report Forms (eCRF) within the TrialStat ClinicalAnalytics Data Capturing System to capture study data for the Methylphenidate Drug-Drug Interaction project protocol number NIDA-CPU-Methylphenidate-0001 Version 4 Date: 17 April 2008.

This document may be updated to reflect any protocol amendments which may impact on the eCRF.

1.2 TrialStat ClinicalAnalytics Data Capturing System

1.2.1 System Overview

ClinicalAnalytics software provides an on demand electronic data capture for clinical data management. It is a web-based solution, configurable through the application interface which combines design flexibility in creating electronic case report forms with on-line edit checks for data quality.

ClinicalAnalytics projects are hosted on servers maintained within TrialStat in Ottawa, Ontario, Canada.

1.2.2 User Permissions Set Up

User access permissions for the roles set up within the TrialStat ClinicalAnalytics Data Capturing System are provided in the matrix below:

CA pre-set roles	Regular	Admin	Observer	Monitor	Data Manager
DL titles (ref. SOP-DM-2015)	User (Data Entry)	Proj.Admin/ Data Manager	Compliance	Sponsor's Monitor	Data Manager/ Programmer
Enter Data	X				
Edit Own Data Only	X				
View Own Data Only	X				
Export Own Data Only	X				
Edit All Center Data		X			X
View All Center Data		X	X	X Trial data only	X
Export All Center Data		X	X		X
Raise DCF				X	X
View Lock	X	X	X	X	X

Lock / Unlock Records		X			X
Respond to DCF	X	X			X

2. User Requirements

DecisionLine provides the study protocol (Version 4 Date: 17 April 2008) to the TrialStat Corporation. TrialStat designs eCRF within ClinicalAnalytics Data Capturing system and develops Design Configuration Specifications and Annotated eCRF based on requirements specified in the study protocol. Then TrialStat provides the Annotated eCRF and Design Configuration Specification to DecisionLine for review / approval.

2.1 Annotated eCRF

Annotated eCRF includes all the requirements specified in the study protocol and these serve as User Requirements Specifications for the User Acceptance Testing (UAT), to be performed by DecisionLine after TrialStat has completed eCRF set up and internal testing as appropriate. The annotated eCRF is attached to this document (see Appendix A).

2.1.1 Annotated eCRF Overview

The Annotated eCRF is comprised of screen shots of the data entry screens used to enter the data into the trial database. Each variable or field is named, choice variables numeric values for each option are indicated, and data entry "triggers" or checks are shown.

Only one copy of each screen is included in the Annotated eCRF. Therefore, when reviewing the screen for an event that will occur across multiple visits, make sure that the form will fit all visit scenarios. For example, if temperature is not required at Visit 2, but is required at Screening, there must be a trigger indicating this on the annotation.

Information on the annotated eCRF matches information provided in the study protocol and Design Configuration Specifications document which contains all of the information about each eCRF page, each variable, each visit, and all the data checks and triggers to be programmed on the variables and forms.

2.1.2 Visit Matrix

Visit Name	Short Name (Will be displayed under menu Reports -> Visit Status)
V01 OutPtScrn	100
V02 InPtScrn	101
V03 Day M3	105
V04 Day M2	106
V05 Day M1	107
V06 Day 1	110
V07 Day 2	120
V08 Day 3	130
V09 Day 4	140
V10 Day 5	150
V11 Day 6	160
V12 Day 7	170
V13 Day 8	180
V14 Day 9	190
V15 Day 10	200
V16 Follow Up Visit 1	800
V17 Follow Up Visit 2	810
V18 Unscheduled	850
V19 Study Level Forms	900

2.1.3 Annotated Pages

See Appendix A

2.1.4 Structure of the Annotated eCRF

Form Name: Each unique page has its own name, located at the top of the page.

Variable Names: Each variable or field has its name marked beside it. These names are chosen by DecisionLine and will be the names of the variables in the SAS output files used by the statisticians.

Types of Variables

Text Variable: DecisionLine uses text fields that hold a maximum of 99 characters. Where we anticipate more information, we will add more text fields with the same variable name and sequential number at the end.

Date Variables: There are 2 types of date variables available: a standard date in the format of Mon/dd/yyyy, and a Partial Date in the same format. The Partial Date (PD) allows data entry to record UNK for any part of the date that is unknown. This is used mainly for historical date data, such as on the Medical History page. For study events like visit date, we expect a complete date to be available, so we use the standard date type.

Numeric Variables: If a variable is marked 'Num' in the design specifications, then no text characters can be entered into the field.

Choice Variables (Single Answer): Each choice variable is a series of radio buttons where one of the options must be selected. Each option has a value listed beside it. (e.g. '(=1)' for the Yes choice in a NoYes choice)

Check Variables (Multiple Answers): If a subject can have more than one answer to a question, then the variable will be created as an 'MA' type. An example is the 'Action Taken with Study Drug' variable on the AE page. Each option will have true=1 and false=0 value associated with it, as shown on the Annotated CRF.

Callouts: If a question's response leads to more questions, the subsequent responses are shown as a call-out. This means that if a choice is selected that precludes further information, the callout questions will not be available to the data entry person.

Propagated Variables: This is a variable that was first used on a form but it's value will affect the choices made on another form, it is propagated to the 2nd form and is then used to let some fields be available during data entry. A good example is the gender variable on the Demographics form propagating to the Pregnancy Test form.

Other Study Data: Often a trial will also require data transfers from other sources, such as labs, pharmacodynamics, etc. This data is NOT indicated on the annotated CRF.

2.2 Data Export and Double Data Entry Comparison Process

Upon completion of study data entry into the eCRF set up within ClinicalAnalytics data capturing system, data will be exported into SAS for statistical analysis. Data entry 1 database will be compared to Data entry 2 database and the clear compared database will be exported into SAS.

Data Export and Compare functions will be tested as part of the UAT testing.

APPENDIX A – Annotated eCRF

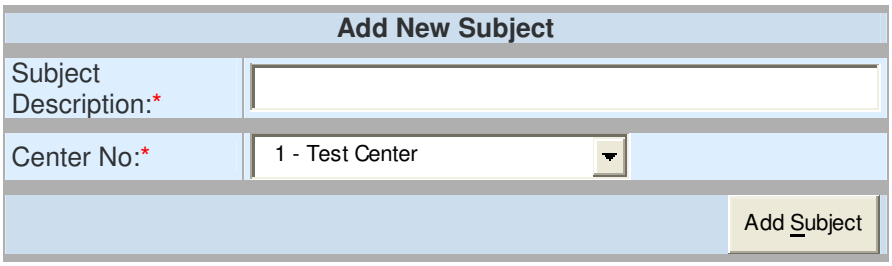
(See attached to this page document – 47 pages)

NIDA – Annotated eCRF

NIDA-CPU-Methylphenidate-0001

DOUBLE-BLIND, PLACEBO-CONTROLLED ASSESSMENT OF POTENTIAL INTERACTIONS BETWEEN INTRAVENOUS METHAMPHETAMINE AND OSMOTIC-RELEASE METHYLPHENIDATE (OROS-MPH)

Add Subject Screen



Visit Structure

Visit Name	Short Name (Will be displayed under menu Reports -> Visit Status)
V01 OutPtScrn	100
V02 InPtScrn	101
V03 Day M3	105
V04 Day M2	106
V05 Day M1	107
V06 Day 1	110
V07 Day 2	120
V08 Day 3	130
V09 Day 4	140
V10 Day 5	150
V11 Day 6	160
V12 Day 7	170
V13 Day 8	180
V14 Day 9	190
V15 Day 10	200
V16 Follow Up Visit 1	800
V17 Follow Up Visit 2	810
V18 Unscheduled	850
V19 Study Level Forms	900

Project Structure

- V01 OutPtScrn

Demographics/Informed Consent
ECG
Height and Weight
Vital Signs
Clinical Laboratory
Pregnancy Test
Urine Drug Screen

- V02 InPtScrn

Methamphetamine Use History
Medical/Psychiatric History
Medical/Psychiatric History Details
Physical Examination
Physical Examination Details
Vital Signs
Pregnancy Test
Urine Drug Screen
Inclusion and Exclusion

- V03 Day M3

ECG
Vital Signs
Urine Drug Screen
Saline/Methamphetamine Administration 1

- V04 Day M2

ECG
Vital Signs
Urine Drug Screen
Saline/Methamphetamine Administration 2
Methamphetamine PK

- V05 Day M1

Vital Signs
Urine Drug Screen
Methamphetamine PK

- V06 Day 1

Vital Signs
Pregnancy Test
Urine Drug Screen
Randomization
Methamphetamine PK
OROS-MPH/Placebo Administration

- V07 Day 2

Vital Signs
Clinical Laboratory
Urine Drug Screen
OROS-MPH/Placebo Administration
OROS-MPH/Placebo Blood Levels

- V08 Day 3

Vital Signs
Urine Drug Screen
OROS-MPH/Placebo Administration

- V09 Day 4

Vital Signs
Urine Drug Screen
OROS-MPH/Placebo Administration
OROS-MPH/Placebo Blood Levels

- V10 Day 5

Vital Signs
Urine Drug Screen
OROS-MPH/Placebo Administration

- V11 Day 6

Vital Signs
Urine Drug Screen
OROS-MPH/Placebo Administration
OROS-MPH/Placebo Blood Levels

- V12 Day 7

ECG
Vital Signs
Urine Drug Screen
Saline/Methamphetamine Administration 1
OROS-MPH/Placebo Administration
OROS-MPH/Placebo Blood Levels

- V13 Day 8

ECG
Vital Signs
Urine Drug Screen
Saline/Methamphetamine Administration 2
Methamphetamine PK
OROS-MPH/Placebo Administration
OROS-MPH/Placebo Blood Levels

- V14 Day 9

Vital Signs
Urine Drug Screen
Methamphetamine PK
OROS-MPH/Placebo Administration

- V15 Day 10

ECG
Height and Weight
Vital Signs
Clinical Laboratory
Pregnancy Test

Urine Drug Screen
Methamphetamine PK

- V16 Follow Up Visit 1

Height and Weight

- V17 Follow Up Visit 2

Height and Weight
Pregnancy Test

- V18 Unscheduled

ECG
Physical Examination
Physical Examination Details
Height and Weight
Vital Signs
Clinical Laboratory
Pregnancy Test
Urine Drug Screen
Saline/Methamphetamine Administration 1
Saline/Methamphetamine Administration 2
OROS-MPH/Placebo Administration

- V19 Study Level Forms

Adverse Events
Prior/Concomitant Medication
Subject Status Form

Form: DEMOGRAPHICS/INFORMED CONSENT *(Single form) Applicable to OutPtScrn visit.*

DEMOGRAPHICS/INFORMED CONSENT

1. Date of Visit * *(DMDT / NUM - MM/DD/YY10.)*
   Date: Pick a Month / Pick a Date... / Pick a Year

2. Gender * *(SEX / NUM)* ☐ Male *(=1)* ☐ Female *(=2)*

3. Age * *(AGE / NUM)*

Age > 45 or Age < 18 then message :
===> Age must be between 18 - 45, please verify.

4. Does subject qualify for study participation based on protocol I/E criterion (criteria) ? * *(QUALIF / NUM)*
   ☐ Yes *(=1)* ☐ No *(=0)*

4.1 If No, did sponsor authorize enrolment? * *(QUALAUT / NUM)*
☐ Yes *(=1)* ☐ No *(=0)*

4.2 Failed Inclusion Criterion Number(s) (#1 - #12) *(QUALF1 / NUM)*

4.3 Failed Inclusion Criterion Number(s) (#1 - #12) *(QUALF2 / NUM)*

4.4 Failed Inclusion Criterion Number(s) (#1 - #12) *(QUALF3 / NUM)*

4.5 Failed Inclusion Criterion Number(s) (#1 - #12) *(QUALF4 / NUM)*

4.6 Failed Inclusion Criterion Number(s) (#1 - #12) *(QUALF5 / NUM)*

4.7 Failed Exclusion Criterion Number(s) (#1 - #20) *(QUALF6 / NUM)*

4.8 Failed Exclusion Criterion Number(s) (#1 - #20) *(QUALF7 / NUM)*

4.9 Failed Exclusion Criterion Number(s) (#1 - #20) *(QUALF8 / NUM)*

4.10 Failed Exclusion Criterion Number(s) (#1 - #20) *(QUALF9 / NUM)*

4.11 Failed Exclusion Criterion Number(s) (#1 - #20) *(QUALF10 / NUM)*

5. Did subject provide written and signed Informed Consent? * *(CONSENT / NUM)*

☐ Yes *(=1)* ☐ No *(=0)*

5.1 Date of Informed Consent * *(ICDT / NUM - MM/DD/YY10.)*

Date: Pick a Month / Pick a Date... / Pick a Year

6. Racial Designation * *(RACE / NUM)*

- ☐ White *(=1)*
- ☐ Native or Inuit *(=2)*
- ☐ Asian *(=3)*
- ☐ Black or of African Descent *(=4)*
- ☐ Hispanic or Latino *(=5)*
- ☐ Native Hawaiian or other Pacific Islander *(=6)*
- ☐ Other *(=7)*

6.1 Other race, specify * *(RACESP / CHAR)*

Form: METHAMPHETAMINE USE HISTORY *(Single form) Applicable to InPtScrn visit.*

METHAMPHETAMINE USE HISTORY

Methamphetamine Use History

1. Has subject used methamphetamine in the past 6 weeks? * *(METH / NUM)*

☐ *(=1)* ☐ *(=0)*

2. Number of times used in the past 6 weeks * *(METHNUM / NUM)*

3. Date last used methamphetamine * *(METHLDT / CHAR – MMM DD, YYYY)*

Pick a Month | Pick a Date... | Pick a Year

4. Has subject been diagnosed via DSM-IV with methamphetamine dependence or abuse? * *(METHDIAD / NUM)*

☐ *(=1)* ☐ *(=0)*

5. Has subject NOT been diagnosed with Axis I Disorders? * *(METHDIAA / NUM)*

☐ *(=1)* ☐ *(=0)*

Form: ECG *(Recurring form) Applicable to OutPtScrn, Day – 3, Day – 2, Day 7, Day 8, Day 10 and Unscheduled visit.*

ECG

ReadOnly field - Gender (Propagated from DEMOGRAPHICS/INFORMED CONSENT form) (ECGSEX / NUM)

☐ Male *(=1)* ☐ Female *(=2)*

(QTc Interval > 450 or QTc Interval < 350) and Sex = Female then message : ===>Question 11. QTc Interval should be between 350 and 450 ms for Female, please verify.

(QTc Interval > 440 or QTc Interval < 350) and Sex = Male then message : ===>Question 11. QTc Interval should be between 350 and 440 ms for Male, please verify.

1. ECG Time Point * *(ECGTYPE / NUM)*

None selected

- 15 min Infusion 1 *(=1)*
+ 30 min Infusion 1 *(=2)*
+ 90 min Infusion 1 (+ 30 min Infusion 2) *(=3)*
+120 min Infusion 1 (+ 60 min Infusion 2) *(=4)*
N/A *(=5)*

2. Date ECG Performed *(ECGDT / NUM - MM/DD/YY10.)*

Date: Pick a Month / Pick a Date... / Pick a Year

3. Actual Time ECG Performed *(ECGTM / NUM – TIME18.)* ← *If ECG Status = Assessable or ECG Status = Not assessable, then informed miss.*

Time: Hours : Minutes

4. ECG Status * *(ECGSTAT / NUM)*

☐ Assessable *(=1)*
☐ Not assessable *(=2)*
☐ Not Done *(=3)*

5. Reason Not assessable/Not done * *(ECGSTASP / CHAR)*

6. Ventricular Rate (bpm) * *(VRATE / NUM)*

(Ventricular Rate > 100 or Ventricular Rate < 35) then message :
===>Question 6. Ventricular Rate should be between 35 and 100 bpm, please verify.

7. Sinus Rhythm Normal? * *(RHYTHM / NUM)*

☐ Yes *(=1)* ☐ No *(=0)*

8. PR Interval (ms) * *(PR / NUM)*

(PR Interval > 240 or PR Interval < 120) then message :
===>Question 8. PR Interval should be between 120 and 240 ms, please verify.

9. QRS Interval (ms) * *(QRS / NUM)*

(QRS Interval > 200 or QRS Interval < 80) then message :
===>Question 9. QRS Interval should be between 80 and 200 ms, please verify.

10. QT Interval (ms) * *(QT / NUM)*

(QT Interval > 470 or QT Interval < 350) then message :
===>Question 10. QT Interval should be between 350 and 470 ms, please verify.

11. QTc Interval (ms) * *(QTC / NUM)*

(QTc Interval > 450 or QTc Interval < 350) and Sex = Female then message :
===>Question 11. QTc Interval should be between 350 and 450 ms for Female, please verify.

(QTc Interval > 440 or QTc Interval < 350) and Sex = Male then message :
===>Question 11. QTc Interval should be between 350 and 440 ms for Male, please verify.

12. ECG Result *(ECGRES / NUM)* ← *If ECG Status = Assessable then informed miss.*

- ☐ Normal *(=1)*
- ☐ Abnormal, not clinically significant *(=2)*
- ☐ Abnormal, clinically significant *(=3)*

13. If Abnormal (CS or NCS), please comment: * *(ECGABSP1 / CHAR)*

14. If Abnormal (CS or NCS), please comment (continued): *(ECGABSP2 / CHAR)*

Form: MEDICAL/PSYCHIATRIC HISTORY *(Single form) Applicable to InPtScrn visit.*

MEDICAL/PSYCHIATRIC HISTORY

Date of Medical/Psychiatric History * *(MHDT / NUM - MM/DD/YY10.)*

Date: Pick a Month / Pick a Date... / Pick a Year

Are there any findings for the following body systems?

Body System Number *(MYSYS01 / NUM)*: 1	1. Eyes, Ears, Nose & Throat * *(MHRES01 / NUM)*: None selected Yes *(=1)* No *(=0)* Not Done *(=2)* Not Applicable *(=3)*
Body System Number *(MHSYS02 / NUM)*: 2	2. Pulmonary/Respiratory * *(MHRES02 / NUM)*: None selected Yes *(=1)* No *(=0)* Not Done *(=2)* Not Applicable *(=3)*
Body System Number *(MHSYS03 / NUM)*: 3	3. Cardiovascular * *(MHRES03 / NUM)*: Not Applicable Yes *(=1)* No *(=0)* Not Done *(=2)* Not Applicable *(=3)*
Body System Number *(MHSYS04 / NUM)*: 4	4. Gastrointestinal * *(MHRES04 / NUM)*: None selected Yes *(=1)* No *(=0)* Not Done *(=2)* Not Applicable *(=3)*
Body System Number *(MHSYS05 / NUM)*: 5	5. Reproductive/Breast * *(MHRES05 / NUM)*: None selected Yes *(=1)* No *(=0)* Not Done *(=2)* Not Applicable *(=3)*

Body System Number *(MHSYS06 / NUM)* 6	6. Urologic/Renal * *(MHRES06 / NUM)* None selected Yes *(=1)* No *(=0)* Not Done *(=2)* Not Applicable *(=3)*
Body System Number *(MHSYS07/ NUM)* 7	7. Hepatic/Biliary * *(MHRES07 / NUM)* None selected Yes *(=1)* No *(=0)* Not Done *(=2)* Not Applicable *(=3)*
Body System Number *(MHSYS08 / NUM)* 8	8. Musculoskeletal * *(MHRES08 / NUM)* None selected Yes *(=1)* No *(=0)* Not Done *(=2)* Not Applicable *(=3)*
Body System Number *(MHSYS09 / NUM)* 9	9. Neurologic * *(MHRES09 / NUM)* None selected Yes *(=1)* No *(=0)* Not Done *(=2)* Not Applicable *(=3)*
Body System Number *(MHSYS10 / NUM)* 10	10. Endocrine/Metabolic * *(MHRES10 / NUM)* None selected Yes *(=1)* No *(=0)* Not Done *(=2)* Not Applicable *(=3)*
Body System Number *(MHSYS11 / NUM)* 11	11. Hematologic/Lymphatic * *(MHRES11 / NUM)* Not Applicable Yes *(=1)* No *(=0)* Not Done *(=2)* Not Applicable *(=3)*

Body System Number *(MHSYS12 / NUM)*
12

12. Dermatologic * *(MHRES12 / NUM)*
None selected
Yes *(=1)*
No *(=0)*
Not Done *(=2)*
Not Applicable *(=3)*

Body System Number *(MHSYS13 / NUM)*
13

13. Psychiatric * *(MHRES13 / NUM)*
None selected
Yes *(=1)*
No *(=0)*
Not Done *(=2)*
Not Applicable *(=3)*

13.1 If Psychiatric, did subject have any of the following Axis I disorders: psychosis, bipolar I disorder, organic brain disease, dementia, major depression, schizoaffective disorder, schizophrenia, anorexia nervosa, or bulimia disorder? * *(SCODEPS / NUM)*

☐ Yes *(=1)* ☐ No *(=0)*

Body System Number *(MHSYS14 / NUM)*
14

14. Allergic/Immunologic * *(MHRES14 / NUM)*
None selected
Yes *(=1)*
No *(=0)*
Not Done *(=2)*
Not Applicable *(=3)*

Body System Number *(MHSYS98 / NUM)*
98

15. Other * *(MHRES15 / NUM)*
None selected
Yes *(=1)*
No *(=0)*
Not Done *(=2)*
Not Applicable *(=3)*

15.1 If Yes, please specify: * *(SCODESP / CHAR)*

If "Yes" is selected for any body system finding, then display comment:

Please use Medical/Psychiatric History Details to enter any Abnormality information.

If "Not Done" is selected for any body system finding, then the following text field to be Writable :

If "Not Done" then describe: *(MHCOM1 / CHAR)*	If "Not Done" then describe (continued): *(MHCOM2 / CHAR)*

Form: MEDICAL/PSYCHIATRIC HISTORY DETAILS *(Recurring form) Applicable to InPtScrn visit*

MEDICAL/PSYCHIATRIC HISTORY DETAILS

Medical/Psychiatric History forms should be completed first in order to have access to this form. This form is only applicable if there is abnormality finding for Medical/Psychiatric History.

'Yes' option for specific body system in the Medical/Psychiatric History form should be corresponding to the selection on the Body system in order for "Abnormality Number", "MD's Assessment", "Condition/Diagnosis/Surgery", "Onset Date" and "Ongoing" to be Informed Miss and Writable.

ReadOnly field - Date of Medical/Psychiatric History (Propagated from MEDICAL/PSYCHIATRIC HISTORY form) (MH1DT / NUM - MM/DD/YY10.)

Date: Pick a Month / Pick a Date... / Pick a Year

Body System * *(SCODE / NUM)*

- ☐ Eyes, Ears, Nose & Throat *(=1)*
- ☐ Pulmonary/Respiratory *(=2)*
- ☐ Cardiovascular *(=3)*
- ☐ Gastrointestinal *(=4)*
- ☐ Reproductive/Breast *(=5)*
- ☐ Urologic/Renal *(=6)*
- ☐ Hepatic/Biliary *(=7)*
- ☐ Musculoskeletal *(=8)*
- ☐ Neurologic *(=9)*
- ☐ Endocrine/Metabolic *(=10)*
- ☐ Hematologic/Lymphatic *(=11)*
- ☐ Dermatologic *(=12)*
- ☐ Psychiatric *(=13)*
- ☐ Allergic/Immunologic *(=14)*
- ☐ Other *(=98)*

1. Abnormality Number * *(MHABNUM / NUM)*

2. MD's Assessment * *(MDASMT / NUM)*

- Clinically Significant *(=1)*
- Not Clinically Significant *(=2)*

3. Condition/Diagnosis/Surgery * *(MHDESC / CHAR)*

4. Onset Date * *(MHSTDT / CHAR – MMM DD, YYYY)*

Pick a Month | Pick a Date... | Pick a Year

Onset Date > End Date then message :
===> Onset Date should not be later than End Date, please verify.

5. Ongoing? * *(MHONGO / NUM)* Yes *(=1)* No *(=0)*

5.1 End Date * *(MHENDT / CHAR – MMM DD, YYYY)*

Pick a Month | Pick a Date... | Pick a Year

Onset Date > End Date then message :
===> Onset Date should not be later than End Date, please verify.

Form: PHYSICAL EXAMINATION *(Single form) Applicable to InPtScrn and Unscheduled visit.*

PHYSICAL EXAMINATION

Date of Physical Exam * *(PEDT / NUM - MM/DD/YY10.)*

Date: Pick a Month / Pick a Date... / Pick a Year

Body System Number *(PESYS01 / NUM)* 1	1. General Appearance * *(PERES01 / NUM)* None selected Not Done *(=1)* Normal *(=2)* Abnormal *(=3)* Not Applicable *(=4)*
Body System Number *(PESYS02 / NUM)* 2	2. Skin * *(PERES02 / NUM)* None selected Not Done *(=1)* Normal *(=2)* Abnormal *(=3)* Not Applicable *(=4)*
Body System Number *(PESYS03 / NUM)* 3	3. Head, Eyes. Ears, Nose, Throat and Oral Cavity * *(PERES03 / NUM)* None selected Not Done *(=1)* Normal *(=2)* Abnormal *(=3)* Not Applicable *(=4)*
Body System Number *(PESYS04 / NUM)* 4	4. Lungs * *(PERES04 / NUM)* None selected Not Done *(=1)* Normal *(=2)* Abnormal *(=3)* Not Applicable *(=4)*
Body System Number *(PESYS05 / NUM)* 5	5. Cardiovascular * *(PERES05 / NUM)* None selected Not Done *(=1)* Normal *(=2)* Abnormal *(=3)* Not Applicable *(=4)*

Body System Number *(PESYS06 / NUM)* 6	6. Abdomen (incl liver/spleen) * *(PERES06 / NUM)* None selected Not Done *(=1)* Normal *(=2)* Abnormal *(=3)* Not Applicable *(=4)*
Body System Number *(PESYS07/ NUM)* 7	7. Musculoskeletal/Extremities * *(PERES07 / NUM)* None selected Not Done *(=1)* Normal *(=2)* Abnormal *(=3)* Not Applicable *(=4)*
Body System Number *(PESYS08 / NUM)* 8	8. Sensory/Motor Status * *(PERES08 / NUM)* None selected Not Done *(=1)* Normal *(=2)* Abnormal *(=3)* Not Applicable *(=4)*
Body System Number *(PESYS09 / NUM)* 9	9. Neuropsychiatric mental status * *(PERES09 / NUM)* None selected Not Done *(=1)* Normal*(=2)* Abnormal *(=3)* Not Applicable *(=4)*
Body System Number *(PESYS10 / NUM)* 98	10. Other * *(PERES10 / NUM)* None selected Not Done *(=1)* Normal *(=2)* Abnormal *(=3)* Not Applicable *(=4)*

10.1 If Abnormal, please specify * *(OTHERSP / CHAR))*

If "Abnormal" is selected for any body system finding, then display comment:

Please use Physical Examination Details to enter any Abnormality information.

If "Not Done" is selected for any body system finding, then the following text field to be Writable :

If "Not Done" then describe: *(PECOM1 / CHAR)*	If "Not Done" then describe (continued): *(PECOM2 / CHAR)*

Form: PHYSICAL EXAMINATION DETAILS *(Recurring form) Applicable to InPtScrn and Unscheduled visit.*

PHYSICAL EXAMINATION DETAILS

Physical Examination form should be completed first in order to have access to this form. This form is only applicable if there is abnormality finding for Physical Examination.

'Abnormal' option for specific body system in the Physical Examination form should be corresponding to the selection on the Body system in order for "Abnormality number", "Abnormality" and "Exam Result" to be Informed Miss and Writable.

ReadOnly field – Date of Physical Exam (Propagated from PHYSICAL EXAMINATION form) (PE1DT / NUM - MM/DD/YY10.)

Date: Pick a Month / Pick a Date... / Pick a Year

Body System * *(PESCODE / NUM)*

- General Appearance *(=1)*
- Skin *(=2)*
- Head, Eyes. Ears, Nose, Throat and Oral Cavity *(=3)*
- Lungs *(=4)*
- Cardiovascular *(=5)*
- Abdomen (incl liver/spleen) *(=6)*
- Musculoskeletal/Extremities *(=7)*
- Sensory/Motor Status *(=8)*
- Neuropsychiatric mental status *(=9)*
- Other *(=98)*

1. Abnormality Number * *(PEABNUM / NUM)*

2. Abnormality Description * *(PEAB / CHAR)*

3. Exam Result * *(PEABRES / NUM)*

- ○ Not clinically significant *(=1)*
- ○ Clinically significant *(=2)*

Form: HEIGHT AND WEIGHT *(Single form) Applicable to OutPtScrn, Day 10, Follow Up visit 1, Follow Up visit 2 and Unscheduled visit*

HEIGHT AND WEIGHT

1. Date of Height and Weight taken * *(HTWTDT / NUM - MM/DD/YY10.)*

Date: Pick a Month / Pick a Date... / Pick a Year

2. Height (cm) * *(HT / NUM)*

(Height > 215 or Height < 140) and Height ≠ 0 then message : ===> Height should be between 140 and 215cm, please verify.

3. Weight (kg) * *(WT / NUM)*

(Weight > 150 or Weight < 50) and Weight ≠ 0 then message : ===> Weight should be between 50 and 150kg, please verify.

4. Calculated BMI (kg/m^2) (BMIC / NUM)

Form: VITAL SIGNS *(Recurring form) Applicable to all visits except Follow Up visit 1, Follow Up visit 2 and Study Level Forms.*

VITAL SIGNS

1. Vitals type * *(PREPOST / NUM)*

Pre-dose *(=1)* Post-dose *(=2)*

(Visit = OutPtScrn or Visit = InPtScrn or Visit = Day-3 or Visit = Day-2 or Visit = Day-1) and Vitals type = Post-dose then message :
===> If visit is OutPtScrn or InPtScrn or Day M3 or Day M2 or Day M1, Vitals type should be Pre-dose, please verify.

(Visit = Follow Up visit 1 or Visit = Follow Up visit 2) and Vitals type = Pre-dose then message :
===> If visit is Follow-up visit 1 or Follow-up visit 2, Vitals type should be Post-dose, please verify.

2. Date Vitals Taken *(VSDT / NUM - MM/DD/YY10.)*

Date: Pick a Month / Pick a Date... / Pick a Year

3. Time Point Vitals to be taken * *(VSTP / NUM)*

None selected

- Pre-infusion *(=1)*
- 25 min Infusion 1 *(=2)*
- 15 min Infusion 1 *(=3)*
+ 3 min Infusion 1 *(=4)*
+ 6 min Infusion 1 *(=5)*
+ 9 min Infusion 1 *(=6)*
+ 12 min Infusion 1 *(=7)*
+ 15 min Infusion 1 *(=8)*
+ 20 min Infusion 1 *(=9)*
+ 30 min Infusion 1 *(=10)*
+ 45 min Infusion 1 *(=11)*
+ 55 min Infusion 1 *(=12)*
+ 3 min Infusion 2 *(=13)*
+ 6 min Infusion 2 *(=14)*
+ 9 min Infusion 2 *(=15)*
+ 12 min Infusion 2 *(=16)*
+ 15 min Infusion 2 *(=17)*
+ 20 min Infusion 2 *(=18)*
+ 30 min Infusion 2 *(=19)*
+ 45 min Infusion 2 *(=20)*
+ 60 min Infusion 2 *(=21)*
+ 90 min Infusion 2 *(=22)*
+ 120 min Infusion 2 *(=23)*
+ 150 min Infusion 2 *(=24)*
+ 180 min Infusion 2 *(=25)*
+ 210 min Infusion 2 *(=26)*
+ 240 min Infusion 2 *(=27)*
+ 300 min Infusion 2 *(=28)*
+ 360 min Infusion 2 *(=29)*
+ 420 min Infusion 2 *(=30)*
+ 480 min Infusion 2 *(=31)*
+ 10 hr Infusion 2 *(=32)*
+ 12 hr Infusion 2 *(=33)*
+ 24 hr Infusion 2 *(=34)*
+ 48 hr Infusion 2 *(=35)*

NA (=36)

4. Actual Time Vitals Taken * *(VSTM / NUM – TIME18.)*

Time: Hours : Minutes

5. Status: Valid/Not Valid/Not Done * *(STATUS / NUM)*

- ☐ Valid *(=1)*
- ☐ Not Valid *(=2)*
- ☐ Not Done *(=3)*

6. Reason Not valid/Not done * *(STATSP1 / CHAR)*

7. Reason Not Valid/Not Done (continued) *(STATSP2 / CHAR)*

8. Arm (to be consistent throughout study) * *(ARM / NUM)*

☐ Right *(=1)* ☐ Left *(=2)* ☐ UNK *(=3)*

9. Systolic BP (mmHg) * *(SBP / NUM)*

(Systolic BP > 140 or Systolic BP < 90) and Systolic BP ≠ 0 and Vitals type = Pre-dose then message :
===> Systolic BP should be between 90 and 140 mmHg for Pre-dose, please verify.

(Systolic BP > 160 or Systolic BP < 90) and Systolic BP ≠ 0 and Vitals type = Post-dose then message :
===> Systolic BP should be between 90 and 160 mmHg for Post-dose, please verify.

10. Diastolic BP (mmHg) * *(DBP / NUM)*

(Diastolic BP > 90 or Diastolic BP < 50) and Diastolic BP ≠ 0 and Vitals type = Pre-dose then message :
===> Diastolic BP should be between 50 and 90 mmHg for Pre-dose, please verify.

(Diastolic BP > 100 or Diastolic BP < 50) and Diastolic BP ≠ 0 and Vitals type = Post-dose then message :
===> Diastolic BP should be between 50 and 100 mmHg for Post-dose, please verify.

11. Heart Rate (beats/min) * *(HR / NUM)*

(Heart Rate > 100 or Heart Rate < 45) and Heart Rate ≠ 0 and Vitals type = Pre-dose then message :
===> Heart Rate should be between 45 and 100 beats/min for Pre-dose, please verify.

(Heart Rate > 130 or Heart Rate < 40) and Heart Rate ≠ 0 and Vitals type = Post-dose then message :
===> Heart Rate should be between 40 and 130 beats/min for Post-dose, please verify.

12. Respiration Rate (breaths/min) * *(RR / NUM)*

(Respiration Rate > 20 or Respiration Rate < 12) then message :
===> Respiration Rate should be between 12 and 20 breaths/min, please verify.

13. Oral Temperature (C) * *(TEMP / NUM)*

(Oral Temperature > 37.5 or Oral Temperature < 35.5) then message :
===> Oral Temperature should be between 35.5 and 37.5 C, please verify.

Form: CLINICAL LABORATORY *(Recurring form) Applicable to OutPtScrn visit, Day 2, Day 10 and Unscheduled visit.*

CLINICAL LABORATORY

1. Date Sample Collected * *(LBDT / NUM - MM/DD/YY10.)*

Date: Pick a Month / Pick a Date... / Pick a Year

2. Time Sample Collected * *(LBTM / NUM – TIME18.)*

Time: Hours : Minutes

	Yes *(=1)*	No *(=0)*
3. Hematology done? * *(HEMA / NUM)*	☐	☐
4. Blood Chemistry done? * *(BIOCHEM / NUM)*	☐	☐
5. Urinalysis done? * *(URINE / NUM)*	☐	☐
6. Infectious Disease Panel done? * *(SEROL / NUM)*	☐	☐

Question 7 is only applicable to OutPtScrn, InPtScrn and Unscheduled visit :

7. HIV Test Informed Consent given? **(HIVIC / NUM)*

☐ Yes *(=1)* ☐ No *(=0)*

7.1 Date HIV Test consent given **(HIVICDT / NUM - MM/DD/YY10.)*

Date: Pick a Month / Pick a Date... / Pick a Year

7.2 HIV Test done? **(HIV / NUM)*

☐ Yes *(=1)* ☐ No *(=0)*

Form: PREGNANCY TEST *(Single form) Applicable to OutPtScrn, InPtScrn, Day 1, Day 10, Follow Up visit 2 and Unscheduled visit.*

PREGNANCY TEST

ReadOnly field - Gender (Propagated from DEMOGRAPHICS/INFORMED CONSENT form) (PRGSEX / NUM)

☐ Male *(=1)* ☐ Female *(=2)*

1. Date of Pregnancy Test * *(PRGDT / NUM - MM/DD/YY10.)*

Date: Pick a Month / Pick a Date... / Pick a Year

2. Type of test * *(PRGTYPE / NUM)* ☐ Urine *(=1)* ☐ Serum *(=2)*

Type of test = Serum and Visit is not equal to OutPtScrn then message :
===> Type of test should be "Urine" for any visits other than OutPtScrn visit, please verify.

Type of test = Urine and Visit = OutPtScrn then message :
===> Type of test should be "Serum" for OutPtScrn visit, please verify.

3. Result * *(PRGRES / NUM)*

- ☐ Positive *(=1)*
- ☐ Negative *(=2)*
- ☐ Not Applicable (Male) *(=3)*
- ☐ Not Done *(=4)*

Gender = Male and (Result = Positive or Result = Negative) then message :
===> Subject is Male, therefore, answer to "Result" should not be "Positive or Negative", please verify.

Gender = Female and Result = Not Applicable (Male) then message :
===> Subject is Female, therefore, answer to "Result" should not be "Not Applicable (Male)", please verify.

4. If pregnancy test is marked "Not Done", comment: * *(PRGRESP1 / CHAR)*

5. If pregnancy test is marked "Not Done", comment (continued): *(PRGRESP2 / CHAR)*

Form: URINE DRUG SCREEN *(Single form) Applicable to all visits except Follow Up visit 1, Follow Up visit 2 and Study Level Forms.*

URINE DRUG SCREEN

1. Date of UDS * *(UDSDT / NUM - MM/DD/YY10.)*

Date: Pick a Month / Pick a Date... / Pick a Year

2. Time of UDS * *(UDSTM / NUM – TIME18.)*

Time: Hours : Minutes

Time of UDS > 10:00am or Time of UDS < 6:00am then message :
===> UDS should be performed around 8:00am (between 6:00am and 10:00am) each day, please verify.

	Positive *(=1)*	Negative *(=2)*	Not Done *(=3)*
3. (Cocaine) COC * *(UDSCOC / NUM)*	☐	☐	☐
4. (Opiates) OPI * *(UDSOPI / NUM)*	☐	☐	☐
5. (Methamphetamines) MAMP * *(UDSMAMP / NUM)*	☐	☐	☐
6. (Benzodiazepines) BZO * *(UDSBZO / NUM)*	☐	☐	☐

7. Comments on UDS *(UDSSP1 / CHAR)*

8. Comments on UDS (continued) *(UDSSP2 / CHAR)*

Form: INCLUSION/EXCLUSION *(Single form) Applicable to InPtScrn visit.*

INCLUSION/EXCLUSION

ReadOnly field - Gender (Propagated from DEMOGRAPHICS/INFORMED CONSENT form) (IESEX / NUM)

☐ Male *(=1)* ☐ Female *(=2)*

Sex = Male and (Inclusion criteria 12 = Yes or Inclusion criteria 12 = No) then message:
===> Subject is Male, therefore, answer to Inclusion Criteria #12 should not be "Yes" or "No", please verify.

Sex = Female and (Inclusion criteria 12 = N/A) then message:
===> Subject is Female, therefore, answer to Inclusion Criteria #12 should not be "N/A", please verify.

Sex = Male and (Exclusion criteria 13 = Yes or Exclusion criteria 13 = No) then message:
===> Subject is Male, therefore, answer to Exclusion Criteria #13 should not be "Yes" or "No", please verify.

Sex = Female and (Exclusion criteria 13 = N/A) then message:
===> Subject is Female, therefore, answer to Exclusion Criteria #13 should not be "N/A", please verify.

Inclusion Criteria	Yes *(=1)*	No *(=0)*	N/A *(=2)*
1. Be volunteers who meet DSM-IV criteria for methamphetamine abuse or dependence determined using a Mini-International Neuropsychiatric Interview (MINI) and be nontreatment seeking at time of study and have a positive urine test for methamphetamine (≥ 500 ng/mL) during screening. * *(INC01 / NUM)*	☐	☐	
2. Be males or females, 18 to 45 years of age, inclusive. * *(INC02 / NUM)*	☐	☐	
3. Be able to verbalize understanding of consent form, able to provide written informed consent, and verbalize willingness to complete study procedures. * *(INC03 / NUM)*	☐	☐	
4. Have a negative urine test for methamphetamine and other drugs of abuse(opiates, cocaine, and benzodiazepines) after clinic intake before the first infusion session. * *(INC04 / NUM)*	☐	☐	
5. Have a history and physical examination that demonstrate no clinically significant contraindication for participating in the study, in the judgment of the admitting physician and the site Principal Investigator. * *(INC05 / NUM)*	☐	☐	
6. Have vital signs as follows: resting heart rate between 45 and 100 bpm, systolic BP below 140 mmHg and diastolic BP below 90 mmHg. * *(INC06 / NUM)*	☐	☐	
7. Have electrolytes(Na, K, Cl, HCO3) and hematocrit that is clinically normal(+/- 10% of laboratory limits). * *(INC07 / NUM)*	☐	☐	
8. Have liver function tests(total bilirubin, ALT, AST, and alkaline phosphatase) less			

than three times the upper limit of normal. * *(INC08 / NUM)*	☐	☐	
9. Have kidney function tests(creatinine and BUN) less than twice the upper limit of normal. * *(INC09 / NUM)*	☐	☐	
10. Have an ECG performed that demonstrates sinus rhythm between 45 and 100 beats per minute (bpm), normal conduction, and no clinically significant arrhythmias. * *(INC10 / NUM)*	☐	☐	
11. Be able to swallow whole tablets of OROS-MPH due to the controlled release formulation. * *(INC11 / NUM)*	☐	☐	
12. If female, have a negative pregnancy test and agree to use one of the following methods of birth control, or be postmenopausal, have had a hysterectomy or have been sterilized. * *(INC12 / NUM)*	☐	☐	☐
Sex = Male and (Inclusion criteria 12 = Yes or Inclusion criteria 12 = No) then message: ===> Subject is Male, therefore, answer to Inclusion Criteria #12 should not be "Yes" or "No", please verify. *Sex = Female and (Inclusion criteria 12 = N/A) then message: ===> Subject is Female, therefore, answer to Inclusion Criteria #12 should not be "N/A", please verify.*			
Inclusion 12 continued : Birth control must be in effect starting at least 7 days (14 days for hormone-based methods used alone) prior to clinic intake, and should extend at least until the last follow-up visit. a. oral contraceptives b. contraceptive sponge or patch c. barrier (diaphragm or condom) with spermicide d. intrauterine progesterone, or non-hormonal contraceptive system e. levonorgestrel implant f. medroxyprogesterone acetate contraceptive injection g. complete abstinence from sexual intercourse			
Exclusion Criteria	**Yes *(=1)***	**No *(=0)***	**N/A *(=2)***
1. Have a current or past history of seizure disorder, including alcohol-or stimulant-related seizure, febrile seizure, or significant family history of idiopathic seizure disorder. * *(EXC01 / NUM)*	☐	☐	
2. Have a history of clinically significant head trauma that resulted in neurological sequelae(e.g., loss of memory for greater than 5 minutes or that required hospitalization). * *(EXC02 / NUM)*	☐	☐	
3. Have physiological dependence on alcohol, an opioid analgesic, or a sedative-hypnotic, (e.g., a benzodiazepine) that requires medical detoxification or have diagnosis of dependence, in accordance with DSM-IV criteria, on other substances of abuse except marijuana, nicotine, or alcohol. * *(EXC03 / NUM)*	☐	☐	
4. Have any previous medically serious adverse reaction to methamphetamine including loss of consciousness, chest pain, or epileptic seizure resulting in hospitalization. * *(EXC04 / NUM)*	☐	☐	
5. Meet the diagnostic criteria(DSM-IV) for the following Axis I disorders: psychosis, bipolar I disorder, organic brain disease, dementia, major depression, schizoaffective disorder, schizophrenia, anorexia nervosa, or bulimia disorder. * *(EXC05 / NUM)*	☐	☐	
6. Exhibit marked anxiety, tension, or agitation, since the OROS-MPH may aggravate			

these symptoms. * *(EXC06 / NUM)*	☐	☐	
7. Report becoming violent, or have homicidal or have suicidal thoughts when taking methamphetamine by medical/psychiatric history. * *(EXC07 / NUM)*	☐	☐	
8. Have evidence of clinically significant heart disease as evidenced by a history of arrhythmia requiring medication, angina pectoris, or myocardial infarction or a clinically significant ECG abnormality (such as defined below), or any history of cardiac disease or current ECG abnormality, * *(EXC08 / NUM)*	☐	☐	
Exclusion 8 continued : which the investigator feels may make participation in this study dangerous for the participant such as: a. ST segment elevations in two or more contiguous leads of greater than 0.1 mV. b. ST segment depression of greater than 1 mm that are flat or down-sloping at 80 msec after the J point. c. A bundle branch block. d. Mobtiz II second or third degree heart block. e. Atrial fibrillation or atrial flutter or activation of any tachyarrhythmia for greater than 10 seconds. f. A QT of >470 msec or a QTc of >440 msec for males and >450 msec for females.			
9. Have any history of hypersensitivity to MPH, glaucoma, motor tics or with a family history or diagnosis of Tourette's syndrome. * *(EXC09 / NUM)*	☐	☐	
10. Have severe gastrointestinal narrowing(pathologic or iatrogenic, for example: esophageal motility disorders, small bowel inflammatory disease, "short gut" syndrome due to adhesions or decreased transit time, past history of peritonitis, cystic fibrosis, chronic * *(EXC10 / NUM)*	☐	☐	
Exclusion 10 continued : intestinal pseudo-obstruction, or Meckel's diverticulum).			
11. Have an overactive thyroid gland. * *(EXC11 / NUM)*	☐	☐	
12. Have any legal or other issues that would interfere with study participation. * *(EXC12 / NUM)*	☐	☐	
13. Be pregnant or lactating. * *(EXC13 / NUM)*	☐	☐	☐
Sex = Male and (Exclusion criteria 13 = Yes or Exclusion criteria 13 = No) then message: *===> Subject is Male, therefore, answer to Exclusion Criteria #13 should not be "Yes" or "No", please verify.* *Sex = Female and (Exclusion criteria 13 = N/A) then message:* *===> Subject is Female, therefore, answer to Exclusion Criteria #13 should not be "N/A", please verify.*			
14. Have a significant family history of early cardiovascular morbidity or mortality in the opinion of the site principal Investigator. * *(EXC14 / NUM)*	☐	☐	
15. Have any illness, condition, and/or use of medications that in the opinion of the site Principal Investigator and the admitting physician would preclude safe and/or successful completion of the study. * *(EXC15 / NUM)*	☐	☐	
16. Have active syphilis that has not been treated or refuse treatment for syphilis(see			

note). * *(EXC16 / NUM)*	☐	☐
17. Be undergoing HIV treatment with antiviral and/or non-antiviral therapy. * *(EXC17 / NUM)*	☐	☐
18. Have AIDS according to the current CDC criteria for AIDS-MMWR 1999; 48 (no. RR-13:29-31) * *(EXC18 / NUM)*	☐	☐
19. Have neurological disorders including Parkinson's disease. * *(EXC19 / NUM)*	☐	☐
20. Be using OROS-MPH or any form of MPH HCl (Ritalin, Ritalin SR, Methylin, Methylphen, Metadate ER) during the past 30 days, or any medication that could interact adversely with MPH, * *(EXC20 / NUM)*	☐	☐
Exclusion 20 continued : within the following times of beginning of administration of MPH based on the longest time interval of A, B, or C, below or as otherwise specified: A) Five half lives of other medication or active metabolite(s), whichever is longer B) Two weeks C) Interval recommended by other medication's product labeling Medications that fall into this category include: 1. Amphetamines (e.g., Adderall, Dexedrine, Dextrostat, and other amphetamine formulations), atomoxetine, modafinil, buproprion, ephedrine (including pseudoephedrine, and herbal/dietary supplements containing Ephedra, i.e., Ma huang), or any other stimulant formulations 2. Antidepressants including monoamine oxidase (MAO) inhibitors (MAO inhibitors should be stopped 14-days before starting OROS-MPH). 3. Coumarin anticoagulants.		
4. Anticonvulsants (e.g., phenobarbital, phenytoin, primidone). 5. Antidepressants including tricyclics and selective serotonin reuptake inhibitors. 6. Clonidine. 7. Neuroleptics 8. Psychotropics 9. Systemic corticosteroids 10. Xanthines, i.e., theophilline, theophilline sodium glycinate and aminophylline 11. Drugs that lower seizure threshold 12. Drugs that are vasopressor agents should be used cautiously		

Form: RANDOMIZATION *(Single form) Applicable to Day 1.*

RANDOMIZATION

1. Date of Randomization * *(RANDDT / NUM - MM/DD/YY10.)*

Date: Pick a Month / Pick a Date... / Pick a Year

2. Randomization Number * *(RANDNO / NUM)*

Form: SALINE/METHAMPHETAMINE ADMINISTRATION 1 *(Single form) Applicable to Day – 3, Day 7 and Unscheduled visit.*

SALINE/METHAMPHETAMINE ADMINISTRATION 1

Date last used methamphetamine (Propagated from METHAMPHETAMINE USE HISTORY form) (MAMETHDT / CHAR – MMM DD, YYYY)

Pick a Month | Pick a Date... | Pick a Year

Date last used methamphetamine is not 3 days earlier than Infusion 1 Date then message :
===> Date last used methamphetamine should be at least 3 days prior to Day -3, please verify.

Infusion (Day -3 and Day 7) 15 mg

1. Infusion Date * *(MA1DT / NUM - MM/DD/YY10.)*

Date: Pick a Month / Pick a Date... / Pick a Year

2. Saline Start Time * *(SA1STTM / NUM – TIME18.)*

Time: Hours : Minutes

Visit = Day M3 and (Saline Start Time > 1:00pm or Saline Start Time < 11:00am) then message :
===> Saline Start Time should be around noon (between 11:00am and 1:00pm) at Day – 3, please verify.

3. Methamphetamine Start Time * *(MA1STTM / NUM – TIME18.)*

Time: Hours : Minutes

Methamphetamine Start Time is not 1 hour after Saline Start Time then message :
===> Methamphetamine Start Time should be at least 1 hour after Saline Start Time, please verify.

4. Did subject complete the 15 mg Methamphetamine infusion? * *(MA1COMP / NUM)*

☐ Yes *(=1)* ☐ No *(=0)*

5. If 'No', specify reason and record any AEs on the AE form * *(MA1REAS / CHAR)*

Infusion Comments

6. Comments *(MA1COM1 / CHAR)*

7. Comments (continued) *(MA1COM2 / CHAR)*

Form: SALINE/METHAMPHETAMINE ADMINISTRATION 2 *(Single form) Applicable to Day – 2, Day 8 and Unscheduled visit.*

SALINE/METHAMPHETAMINE ADMINISTRATION 2

Infusion (Day -2 and Day 8) 30 mg

1. Infusion Date *(MA2DT / NUM - MM/DD/YY10.)*

Date: Pick a Month / Pick a Date... / Pick a Year

2. Saline Start Time *(SA2STTM / NUM – TIME18.)*

Time: Hours : Minutes

Visit = Day M2 and (Saline Start Time > 1:00pm or Saline Start Time < 11:00am) then message : ===> Saline Start Time should be around noon (between 11:00am and 1:00pm) at Day - 2, please verify.

3. Methamphetamine Start Time *(MA2STTM / NUM – TIME18.)*

Time: Hours : Minutes

Methamphetamine Start Time is not 1 hour after Saline Start Time then message : ===> Methamphetamine Start Time should be at least 1 hour after Saline Start Time, please verify.

4. Did subject complete the 30 mg Methamphetamine infusion? *(MA2COMP / NUM)*

☐ Yes *(=1)* ☐ No *(=0)*

5. If 'No', specify reason and record any AEs on the AE form *(MA2REAS / CHAR)*

Infusion Comments

6. Comments *(MA2COM1 / CHAR)*

7. Comments (continued) *(MA2COM2 / CHAR)*

Form: METHAMPHETAMINE PK *(Recurring form) Applicable to Day – 2, Day – 1, Day 1, Day 8, Day 9 and Day 10.*

METHAMPHETAMINE PK

Date Sample Collected *(MAPKDT / NUM - MM/DD/YY10.)*

Date: Pick a Month / Pick a Date... / Pick a Year

1. Time Point * *(MAPKTP / NUM)*

None selected

- 5 min Infusion 2 *(=1)*
+ 5 min Infusion 2 *(=2)*
+ 15 min Infusion 2 *(=3)*
+ 30 min Infusion 2 *(=4)*
+ 60 min Infusion 2 *(=5)*
+ 2 hr Infusion 2 *(=6)*
+ 3 hr Infusion 2 *(=7)*
+ 4 hr Infusion 2 *(=8)*
+ 6 hr Infusion 2 *(=9)*
+ 8 hr Infusion 2 *(=10)*
+ 12 hr Infusion 2 *(=11)*
+ 24 hr Infusion 2 *(=12)*
+ 36 hr Infusion 2 *(=13)*
+ 48 hr Infusion 2 *(=14)*
N/A *(=15)*

2. Actual Time Sample Collected * *(MAPKTM / NUM – TIME18.)*

Time: Hours : Minutes

3. PK Sample Status * *(MAPKSTAT / NUM)*

- ☐ Usable *(=1)*
- ☐ Not Usable *(=2)*
- ☐ Not Done *(=3)*

3.1 Reason Not Usable/Not Done * *(MAPKSP1 / CHAR)*

3.2 Reason Not Usable/Not Done (continued) *(MAPKSP2 / CHAR)*

Form: OROS-MPH/PLACEBO ADMINISTRATION *(Single form) Applicable to Day 1, Day 2, Day 3, Day 4, Day 5, Day 6, Day 7, Day 8, Day 9 and Unscheduled visit.*

OROS-MPH/PLACEBO ADMINISTRATION

1. Dosing Date *(DADT / NUM - MM/DD/YY10.)*

   Date: Pick a Month / Pick a Date... / Pick a Year

2. Dosing Time *(DASTTM / NUM – TIME18.)*

   Time: Hours : Minutes

If visit = Day 1 or visit = Day 2 then display header :
Dosing for Day 1 and 2 is 36 mg OD;

If visit = Day 3 or visit = Day 4 then display header :
Dosing for Day 3 and 4 is 54 mg OD;

If visit = Day 5 or visit = Day 6 or visit = Day 7 or visit = Day 8 or visit = Day 9 then display header :
Dosing for Days 5 to 9 is 72 mg OD;

3. Dosing Comments *(DACOM1 / CHAR)*

4. Comments (continued) *(DACOM2 / CHAR)*

Form: OROS-MPH/PLACEBO BLOOD LEVELS *(Recurring form) Applicable to Day 2, Day 4, Day 6, Day 7 and Day 8.*

OROS-MPH/PLACEBO BLOOD LEVELS

Date Sample Collected *(DAPKDT / NUM - MM/DD/YY10.)*

Date: Pick a Month / Pick a Date... / Pick a Year

1. Time Point * *(DAPKTP / NUM)*

None selected

- Pre-dose *(=1)*
- 1.0 hr post-dose *(=2)*
- 6.0 hr post-dose *(=3)*
- N/A *(=4)*

2. Actual Time Sample Collected * *(DAPKTM / NUM – TIME18.)*

Time: Hours : Minutes

3. Sample Status * *(DAPKSTAT / NUM)*

- ☐ Usable *(=1)*
- ☐ Not Usable *(=2)*
- ☐ Not Done *(=3)*

3.1 Reason Not Usable/Not Done * *(DAPKSP1 / CHAR)*

3.2 Reason Not Usable/Not Done (continued) *(DAPKSP2 / CHAR)*

Form: ADVERSE EVENTS *(Recurring form) Applicable to Study Level Forms.*

ADVERSE EVENTS

1. AE Type * *(AETYPE / NUM)*

☐ Pre-dose *(=1)* ☐ Post-dose *(=2)*

2. AE Number * *(AENUM / NUM)*

3. Adverse Event Description/Sign/Symptom (diagnosis where possible) * *(DESC / CHAR)*

4. Date of Onset * *(AESTDT / CHAR – MMM DD, YYYY)* Pick a Month / Pick a Date... / Pick a Year	5. Onset Time * *(AESTTM / CHAR)* Hours : Minutes
6. End Date * *(AEENDT / CHAR – MMM DD, YYYY)* Pick a Month / Pick a Date... / Pick a Year	7. End Time * *(AEENTM / CHAR)* Hours : Minutes

Date of Onset > End Date then message :
===> Date of Onset should not be later than End date, please verify.

Onset Time > End Time and Date of Onset = End Date then message :
===> Onset time should not be later than End time, please verify.

8. Severity * *(AESEV / NUM)* ☐ Mild *(=1)* ☐ Moderate *(=2)* ☐ Severe *(=3)*	9. Frequency * *(AEFREQ / NUM)* ☐ Intermittent *(=1)* ☐ Continuous *(=2)*
10. Any action taken for AE? * *(AEACTION / NUM)* ☐ None *(=0)* ☐ Yes *(=1)*	

10.1 Action taken for AE *

☐ Non-Drug Therapy given (record in Notes section below) *(NONDRUG / NUM)*

☐ New medication given (record in Notes section below AND in ConMeds form) *(DRUGTX / NUM)*

(TRUE=1, FALSE=0)

11. Was the subject withdrawn from the study due to this AE? * *(WDAE / NUM)*

☐ Yes *(=1)* ☐ No *(=0)*

12. AE Outcome * *(OUTCOME / NUM)*

☐ Resolved *(=1)*

☐ Unresolved *(=2)*

12.1 Unresolved Status * *(UNRES / NUM)*

☐ Ongoing *(=1)*

☐ Stabilized *(=2)*

☐ To be seen by own physician *(=3)*

☐ To be referred for specialist follow-up *(=4)*

☐ Lost to follow-up *(=5)*

☐ Other *(=6)*

12.1.1 Please specify Other * *(UNRESSP / CHAR)*

13. Serious Adverse Event? * *(SAE / NUM)*

☐ Yes (Complete and fax GW SAE report and contact CRC or PI) *(=1)*

☐ No *(=0)*

14. Relationship to OROS-MPH/Placebo * *(RELAT / NUM)*

☐ UNK *(=1)*

☐ Definitely Not Related *(=2)*

☐ Remotely Related *(=3)*

☐ Possibly Related *(=4)*

☐ Probably Related *(=5)*

☐ Definitely Related *(=6)*

15. Notes *(AENOTE1 / CHAR)*

16. Notes (continued) *(AENOTE2 / CHAR)*

17. Notes (continued) *(AENOTE3 / CHAR)*

18. Notes (continued) *(AENOTE4 / CHAR)*

Form: PRIOR/CONCOMITANT MEDICATION *(Recurring form) Applicable to Study Level Forms.*

PRIOR/CONCOMITANT MEDICATION

1. Did subject take any Concomitant Medications 30 day prior to the start (IC signed) or during the trial? * *(CMCHK / NUM)*

☐ Yes *(=1)* ☐ No *(=0)*

2. Medication Number * *(CMEDNO / NUM)*

3. Medication Name * *(CMED / CHAR)*

4. Dose * *(CMDOSE / CHAR)*

5. Unit * *(CMUNIT / CHAR)*

6. Route * *(CMROUTE / CHAR)*

7. Frequency * *(CMFREQ / CHAR)*

8. ConMed Started Pre-dosing? * *(PRETX / NUM)*

☐ Yes *(=1)* ☐ No *(=0)*

9. Start Date * *(CMSTDT / CHAR – MMM DD, YYYY)*

Pick a Month | Pick a Date... | Pick a Year

10. Start Time * *(CMSTTM / CHAR)*

Hours : Minutes

Start Date > Stop Date then message :
===> Start Date should not be later than Stop Date, please verify.

Start Time > Stop Time and Start Date = Stop Date then message :
===> Start Time should not be later than Stop Time, please verify.

11. Ongoing at Follow Up Visit 2? * *(POSTTX / NUM)*

☐ Yes *(=1)* ☐ No *(=0)*

12. Stop Date * *(CMENDT / CHAR – MMM DD, YYYY)*

Pick a Month | Pick a Date... | Pick a Year

13. Stop Time * *(CMENTM / CHAR)*

Hours : Minutes

Start Date > Stop Date then message :
===> Start Date should not be later than Stop Date, please verify.

Start Time > Stop Time and Start Date = Stop Date then message :
===> Start Time should not be later than Stop Time, please verify.

14. Indication * *(INDICAT / CHAR)*

15. Was ConMed administered for an Adverse Event? * *(AETX / NUM)*

☐ Yes *(=1)* ☐ No *(=0)*

16. AE Number * *(CMAENUM / CHAR)*

Form: SUBJECT STATUS FORM *(Single form) Applicable to Study Level Forms.*

SUBJECT STATUS FORM (COMPLETION/EARLY WITHDRAWAL)

1. Did the subject complete the entire study as per protocol (did he/she complete the inpatient phase including all protocol investigational product administrations and has returned for all the outpatient follow-up assessments)? * *(COMPYN / NUM)*

- ☐ Yes *(=1)*
- ☐ No *(=0)*

1.1 Date of Completion * *(TTDT / NUM - MM/DD/YY10.)*

Date: Pick a Month / Pick a Date... / Pick a Year

1.2 Is this subject "evaluable" (did he/she receive all doses of OROS-MPH or placebo, had methamphetamine PK blood samples collected up to the 12-hour time point during infusion session #4, and receive the entire methamphetamine dose during infusion sessions #2 and #4)? *(TTEV / NUM)*

- ☐ Yes *(=1)*
- ☐ No *(=0)*

1.2.1 Date Evaluable * *(EVDT / NUM - MM/DD/YY10.)*

Date: Pick a Month / Pick a Date... / Pick a Year

1.2.2 Date of Early Withdrawal * *(EWDT / NUM - MM/DD/YY10.)*

Date: Pick a Month / Pick a Date... / Pick a Year

1.2.3 Reason for Early Withdrawal * *(EWREAS / NUM)*

- ☐ Pregnancy *(=1)*
- ☐ Withdrawal of consent *(=2)*
- ☐ Administrative reasons *(=3)*
- ☐ Major protocol violation *(=4)*
- ☐ It is in the best interest of the subject *(=5)*
- ☐ Non compliance *(=6)*
- ☐ AE or SAE *(=7)*
- ☐ Met stopping criteria for further study participation *(=8)*
- ☐ Lost to follow-up *(=9)*
- ☐ Other reason *(=10)*

1.2.4 Detailed reason for Early Withdrawal * *(EWSP1 / CHAR)*

1.2.5 Detailed reason for Early Withdrawal (continued) *(EWSP2 / CHAR)*

2. Was Randomization Code broken? * *(CB / NUM)*

- ○ Yes *(=1)*
- ○ No *(=0)*

2.1 Date code broken: * *(CBDT / NUM - MM/DD/YY10.)*

Date: Pick a Month / Pick a Date... / Low er...

2.2 Time code broken: * *(CBTM / NUM – TIME18.)*

Time: Hours : Minutes

2.3 Reason code broken * *(CBREAS1 / CHAR)*

2.3 Reason code broken (continued) *(CBREAS2 / CHAR)*

OnSubmit event :

If answer to question 1 "Did the subject complete the entire study as per protocol (from Screening to Follow Up Visit 2)?" = Yes, set subject status as "Study Completed".

If answer to question 1 "Did the subject complete the entire study as per protocol (from Screening to Follow Up Visit 2)?" = No, set subject status as "Withdrawn".

SAS Export – Name of the Dataset

	Screen Name	Export name in SAS
1	Demographics/Informed Consent	DEMOGR1
2	Methamphetamine Use History	METHAM2
3	ECG	ECG3
4	Medical/Psychiatric History	MEDICA21
5	Medical/Psychiatric History Details	MEDICA22
6	Physical Exam	PHYSIC23
7	Physical Exam Details	PHYSIC24
8	Height and Weight	HEIGHT6
9	Vital Signs	VITALS7
10	Clinical Laboratory	CLINIC8
11	Pregnancy Test	PREGNA9
12	Urine Drug Screen	URINED10
13	Inclusion and Exclusion	INCLUS11
14	Randomization	RANDOM12
15	Saline/Methamphetamine Administration 1	SALINE17
16	Saline/Methamphetamine Administration 2	SALINE20
17	Methamphetamine PK	METHAM18
18	OROS-MPH/Placebo Administration	OROSMP13
19	OROS-MPH/Placebo Blood Levels	OROSMP14
20	Adverse Events	ADVERS15
21	Prior/Concomitant Medication	PRIORC16
22	Subject Status Form	SUBJEC19