SCHEDULE OF PROCEDURES TABLE

This table should capture the procedures that will be accomplished at each study visit and correspond to the protocol and consent form:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Visit 1(Day/Week)** | **Visit 2(Day/Week)** | **Visit 3(Day/Week)** | **Visit 4(Day/Week)** | **Visit 5(Day/Week)** |
| Informed Consent | **x** |  |  |  |  |
| Medical History | **x** |  |  |  |  |
| Complete Physical Exam | **x** |  |  |  | **x** |
| Abbreviated Physical Exam |  | **x** | **x** | **x** |  |
| Height  | **x\*** | **X** | **X** | **X** | **X** |
| Weight  | **x\*** | **x** | **x** | **x** | **x** |
| Vital Signs  | **x\*** | **x** | **x** | **x\*** | **x** |
| Oximetry | **x** | **x** | **x** | **x** | **x** |
| Spirometry | **x** | **x** | **x** | **x** | **x** |
| Chemistry | **x\*** |  |  | **X\*** | **X** |
| Pregnancy Test (Urine or Serum)  | **x\*** |  |  | **x** | **x** |
| Urinalysis | **x\*** |  |  | **x** | **x** |
| Randomization | **x** |  |  |  |  |
| Dispensing or Administration of Study Drug | **X** | **X** | **X** | **X** |  |
| Counting of Returned Study Drug |  | **X** | **X** | **X** | **X** |
| Initiate Subject Diary | **x** |  |  |  |  |
| Subject Diary Review |  | **X** | **X** | **X** | **X** |
| Concomitant Medication Review | **X** | **X** | **X** | **X** | **X** |

Note: \* designates a procedure done for standard of care, not specifically for this research study