

STUDY NUMBER: _____

Form MT-2a. Daily Record of MT Medicated Feed Use *(for use as a supplement to Form MT-2)*

- Instructions:**
1. Form MT-2a should be used by the Investigator to supplement data on Form MT-2.
 2. A separate Form MT-2a should be used for each treatment event.
 3. Form MT-2a should be appended directly to Form MT-2.

Study Number	Treatment Day	Date	MT-Medicated Feed Used (kg)	Feed Administered by (initials)
	1			
XXXX	2			
XXXX	3			
XXXX	4			
XXXX	5			
XXXX	6			
XXXX	7			
XXXX	8			
XXXX	9			
XXXX	10			
XXXX	11			
XXXX	12			
XXXX	13			
XXXX	14			
XXXX	15			
XXXX	16			
XXXX	17			
XXXX	18			
XXXX	19			
XXXX	20			
XXXX	21			
XXXX	22			
XXXX	23			
XXXX	24			
XXXX	25			
XXXX	26			
XXXX	27			
XXXX	28			

Date Prepared: _____

Investigator: _____

Date Reviewed: _____

Study Monitor: _____