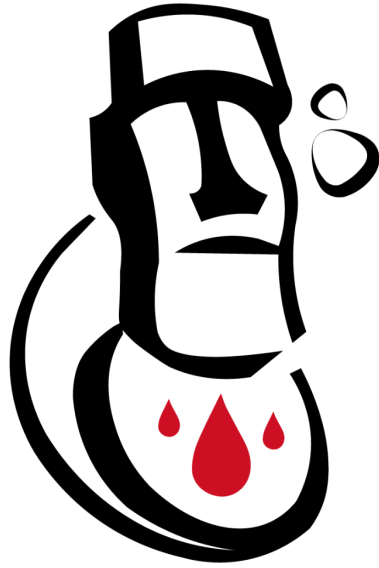


**RapaTrack Finger Prick Test Kit**  
**For Tracking Rapamycin Plasma Levels**



# RapaTrack

**Contact Information**

- **Email:** [support@rapatrack.com](mailto:support@rapatrack.com)
- **Website:** [www.rapatrack.com](http://www.rapatrack.com)

## Instructions Overview

1. **Before Ingestion:** Fill in Participant Information, Dosage Information, and Additional Drug Information sections.
2. **During Ingestion:** Mark applicable conditions under Ingestion Conditions and note the time and date of ingestion.
3. **Blood Draw:** For  $t_{max}$  we recommend blood draw occurs 2 hours after ingestion. Record the time and date.
4. **After Blood Draw:** Complete Health and Lifestyle Information section.
5. **Return the Form:** Include this form with your blood sample when returning the kit.

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## Important Note

- Providing information on the conditions of your ingestion is optional.
- These details will be displayed on your personal dashboard and included in your results to help you achieve your targeted optimal  $T_{max}$ .
- The information will also be used for research purposes to improve the accuracy and effectiveness of the RapaTrack service.

### Participant Information

- Participant ID: \_\_\_\_\_
- Order ID: \_\_\_\_\_
- Full Name: \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Contact Number: \_\_\_\_\_

### Dosage Information

- Rapamycin Dosage (mg): \_\_\_\_\_
- Date of Rapamycin Ingestion: \_\_\_\_\_
- Time of Rapamycin Ingestion: \_\_\_\_\_

### Blood Draw Information

- Date of Blood Draw: \_\_\_\_\_
- Time of Blood Draw: \_\_\_\_\_

**Additional Drug Information**

- **Taken with Ketoconazole:** [ ] Yes [ ] No
  - If yes, specify dosage (mg): \_\_\_\_\_
- **Taken with Grapefruit or Grapefruit Juice (GFJ):** [ ] Yes [ ] No
  - If yes, specify amount (e.g., number of grapefruits or ounces of juice):  
\_\_\_\_\_

**Ingestion Conditions (Optional)**

Please mark all conditions that apply to your ingestion of Rapamycin:

- Taken with a fatty meal
  - If yes, specify type and amount: \_\_\_\_\_
- Taken on an empty stomach
- Taken with other inhibitors (please specify): \_\_\_\_\_
  - If yes, specify name and dosage (mg): \_\_\_\_\_
- Taken with other medications (please specify): \_\_\_\_\_
  - If yes, specify name and dosage (mg): \_\_\_\_\_

**Health and Lifestyle Information (Optional)**

- **Current Weight (lbs/kg):** \_\_\_\_\_
- **Current Height (ft/in or cm):** \_\_\_\_\_
- **General Health Condition:** [ ] Excellent [ ] Good [ ] Fair [ ] Poor
- **Any recent illness or health issues:** \_\_\_\_\_

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**Additional Information (Optional)**

- **Notes:** (e.g., any other medications taken, health conditions, lifestyle factors, etc.)

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