Concomitant Medications Log

<table>
<tr><td colspan="3">Date documenting medication: __ __ / __ __ / __ __ __ __ (dd/mm/yyyy)</td></tr>
<tr><td>Medication name:
______________________________________</td><td>Indication:
______________________________________</td><td>Was med taken for a reported AE?
☐ Yes
☐ No</td></tr>
<tr><td>Dose:
______________________________________</td><td></td><td></td></tr>
<tr><td>Units:
☐ Grams
☐ Micrograms
☐ Milligrams
☐ Milliliters
☐ Capsules
☐ Drops
☐ Puffs
☐ Sachets
☐ Suppository
☐ Tablets
☐ Units
☐ Unknown
☐ Other (if “Other”, specify below)</td><td>Frequency:
☐ prn
☐ once
☐ qd
☐ bid
☐ tid
☐ qid
☐ qm
☐ qh
☐ unknown
☐ other</td><td>Route:
☐ Oral
☐ Intramuscular
☐ Intravenous
☐ Topical
☐ Subcutaneous
☐ Inhalation
☐ Vaginal
☐ Rectal
☐ Intrauterine
☐ Epidural
☐ Unknown
☐ Other</td></tr>
<tr><td>Other unit:
____
Complete only if “Other” unit marked above.</td><td>Other frequency:
____
Complete only if “other” frequency marked above.</td><td>Other route:
____
Complete only if “Other” route marked above.</td></tr>
<tr><td>Date med started:
__ __ / __ __ / __ __ __ __ (dd/mm/yyyy</td><td>Continuing at end of study?
☐ Yes
☐ No</td><td>Date med stopped:
__ __ / __ __ / __ __ __ __ (dd/mm/yyyy</td></tr>
</table>

CRF Completed By: ________ (initials)

CRF Completion Date: __ __ / __ __ / __ __ __ __ (dd/mm/yyyy)