**Concomitant Medication Form**

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| Study Title | |
| Participant ID | Protocol version number |
| Principal investigator | Study site |

**Visit type < insert visit type >**

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| Serial no | **Medication information** | **Indication /condition** | **Route administration**  1 oral  2 subcutaneous  3 intramuscular  4 intravenous  5 sublingual  6 transdermal patches  7 Drops  8 Suppositories  9 ointment/gel  7 others \_\_\_\_\_ | **Dose** | **Frequency**  1 OD  2 BD  3 TDS  4 once weekly  Others\_\_\_ | **Use period** | | | **Signification**  **interaction**  **with study drugs/device**  **/procedure**  1 yes  2 No  3 Not known |
| **Generic name \_\_\_\_\_\_\_\_\_\_**  **Product name \_\_\_\_\_\_\_\_\_\_\_** |
| **Start date**  \_\_/\_\_\_/\_\_\_  dd/mm/yyyy | **End date**  \_\_/\_\_\_/\_\_\_  dd/mm/yyyy | **Ongoing**  Continued till subject participation in research  If yes select  ✓ |
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| **Research staff completing this form Date and Time of interview**  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_/\_\_\_/\_\_\_\_  dd/mm/yyyy  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Time \_\_/\_\_ 24 hours  Principal investigators signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Check this box for study staff completing this form is listed in delegation of authority log  ⚠ Use additional rows or page(s) if required |