**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 subcutaneous3 intramuscular 4 intravenous 5 sublingual 6 transdermal patches7 Drops8 Suppositories 9 ointment/gel7 others \_\_\_\_\_  | **Dose**  | **Frequency** 1 OD2 BD3 TDS4 once weeklyOthers\_\_\_ |  **Use period**  | **Signification** **interaction** **with study drugs/device****/procedure**1 yes2 No3 Not known  |
| **Generic name \_\_\_\_\_\_\_\_\_\_****Product name \_\_\_\_\_\_\_\_\_\_\_** |
| **Start date** \_\_/\_\_\_/\_\_\_dd/mm/yyyy | **End date** \_\_/\_\_\_/\_\_\_dd/mm/yyyy | **Ongoing** Continued till subject participation in researchIf yes select ✓  |
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| **Research staff completing this form Date and Time of interview** Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_/\_\_\_/\_\_\_\_ dd/mm/yyyyName \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  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  |