

Protocol Name IP Name (ex: 654321)	Site No.				Subject ID No.							

CONCOMITANT MEDICATIONS WORKSHEET

Protocol Title:	
Name of Institution: Texas Tech University Health Sciences Center El Paso	Investigator Name:

Instructions:
All of the information on this Concomitant Medications Worksheet must be answered completely and maintained current throughout the course of the study; this includes follow-up visits and EOT visits. (Be sure to add medications from Patient Medication Log and medications taken for any adverse events/serious adverse events)

Medication	Taken for AE	Indication (ex: Prophylaxis, etc.)	Tot Daily Dose	Unit	Frequency	Route	Start Date	End Date	Ongoing
	<input type="checkbox"/>								<input type="checkbox"/>
	<input type="checkbox"/>								<input type="checkbox"/>
	<input type="checkbox"/>								<input type="checkbox"/>
	<input type="checkbox"/>								<input type="checkbox"/>
	<input type="checkbox"/>								<input type="checkbox"/>

Comments:

CRC Signature: _____

Date: _____