



PROTOCOL ID

SITE ID

SUBJECT ID/RANDOMIZATION

Visit: _____

DATE OF VISIT
(dd-MMM-yyyy)

Investigator:

Please print all details, and INITIAL and DATE all corrections. Indicate x where applicable

CONCOMITANT DRUG TREATMENT

- Record - Any concomitant drug treatment continuing from, or given since, the previous visit.
 - Any changes in dose or frequency, including stopping

Drug Name Generic preferred but if combination product use the brand name	Was this drug and dose being given at previous visit?		Treatment Date Stopped Ongoing (dd-MMM-yyyy)	
	YES/NO	If NO: Date Started(dd-MMM-yyyy)		
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