

Site Number			Screening Number			Participant Study Number			Protocol Number: MoCk - Up-1-001-06					

CONCOMITANT MEDICATIONS LOG

Has the participant used any Concomitant Medications? No Yes, Complete below

CM No.	Medication name (Record <specify Generic or Brand> name)	Start date (DD/MMM/YYYY)	Stop date (DD/MMM/YYYY)	Or tick if ongoing at end of study?	Reason for use (Enter related AE diagnosis, or other reasons for use, e.g. Prophylaxis)	Dose (Units)	Route	Frequency
1.		___/___/___	___/___/___	<input type="checkbox"/>				
2.		___/___/___	___/___/___	<input type="checkbox"/>				
3.		___/___/___	___/___/___	<input type="checkbox"/>				
4.		___/___/___	___/___/___	<input type="checkbox"/>				
5.		___/___/___	___/___/___	<input type="checkbox"/>				
6.		___/___/___	___/___/___	<input type="checkbox"/>				
7.		___/___/___	___/___/___	<input type="checkbox"/>				
8.		___/___/___	___/___/___	<input type="checkbox"/>				

Please check box if this is the last page used

Site Number			Screening Number			Participant Study Number			Protocol Number: MoCk - Up-1-001-06					

CONCOMITANT MEDICATIONS LOG (CONTINUATION PAGE)

CM No.	Medication name (Record <specify Generic or Brand> name)	Start date (DD/MMM/YYYY)	Stop date (DD/MMM/YYYY)	Or tick if ongoing at end of study?	Reason for use (Enter related AE diagnosis, or other reasons for use, e.g. Prophylaxis)	Dose (Units)	Route	Frequency
—.		__/__/__	__/__/__	<input type="checkbox"/>				
—.		__/__/__	__/__/__	<input type="checkbox"/>				
—.		__/__/__	__/__/__	<input type="checkbox"/>				
—.		__/__/__	__/__/__	<input type="checkbox"/>				
—.		__/__/__	__/__/__	<input type="checkbox"/>				
—.		__/__/__	__/__/__	<input type="checkbox"/>				
—.		__/__/__	__/__/__	<input type="checkbox"/>				
—.		__/__/__	__/__/__	<input type="checkbox"/>				

Please check box if this is the last page used