

# Investigational Agent

Subject ID \_\_\_\_\_

Complete (or update) this form only after you have reviewed prescription information in the medical record and/or made contact with the appropriate pharmacy for this patient and this drug. Include everything since the REAL Answers consent of [administrative\_arm\_1][p1f6q01\_2].

Patient not on drug between the 4 months prior to consent into REAL and today (please uncheck this if the patient starts taking this drug)

Patient not on this drug

## Investigational Agent #1

Name of study or investigational agent: \_\_\_\_\_

Study start date: \_\_\_\_\_

Study stop date: \_\_\_\_\_

Intervention: \_\_\_\_\_

(Example: Mometasone/Placebo)

## Investigational Agent #2

Name of study or investigational agent: \_\_\_\_\_

Study start date: \_\_\_\_\_

Study stop date: \_\_\_\_\_

Intervention: \_\_\_\_\_

(Example: Mometasone/Placebo)

## Investigational Agent #3

Name of study or investigational agent: \_\_\_\_\_

Study start date: \_\_\_\_\_

Study stop date: \_\_\_\_\_