Logo	**Concomitant Medications**	**{visit.label}**
		ID: {ID}

Please note: If the subject is on anticoagulation, the corresponding Vitamin K antagonist must also be documented. If anticoagulant changes during MIT, enter a new record with the alternate dose.

Medication: CMED:MEDNAME

Indication: CMED:IND

Dose: CMED:DOSE

Units: CMED:UNITS If **Other,** specify: CMED:UNIT_SP

Units: Capsule; Drop; Gram; Microgram; Milligram; Milliliter;Other; Tablet;

Frequency: CMED:FREQ If **Other,** specify: CMED:FREQ_SP

Freq: 3 Times Daily; 4 Times Daily; As Needed; Every Day; Every Other Day; Once a Week; Other; Twice Daily

Route: CMED:ROUTE If **Other,** specify: CMED:RTE_SP

Route: By Mouth; Each/Both Eyes; Inhalent; Intra-articular; Intradermal; Intramuscular; Intravenous; Left Eye; Other; Rectal; Right Eye; Subcutaneous; Sublingual; Topical; Vaginal; Suppository

Start Date: CMED:STARTDA / CMED:STARTMO / CMED:STARTYR
Day Month Year

Stop Date: CMED:STOPDA / CMED:STOPMO / CMED:STOPYR
Day Month Year

Associated with a Serious Adverse Event?

- (CMED:SAE) Not related
- (CMED:SAE) Possible cause of SAE
- (CMED:SAE) Medication given in response to SAE

Treatment Status: CMED:STATUS

Status: Continuing at End of Main Interventional Trial; Discontinued; Modified Dose, Frequency, or Route

Comments for page:

CMED:COMM

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