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| CONCOMITANT MEDICATIONS, THERAPIES, AND TREATMENTS List all medications, therapies, and treatments received by the Subject for 30 days prior to enrollment and throughout the study.  This includes prescription and over-the-counter medications, herbal supplements, cosmeceuticals and topical treatments. | | | | | | |
| Trade or Generic name | Dose | Route(a) | Regimen | Start date(DD/MMM/YY) | Stop date  (DD/MMM/YY) | Indication(b) |
| 1.  In the tx area □Yes or □ No |  |  |  |  |  |  |
| 2.  In the tx area □Yes or □ No |  |  |  |  |  |  |
| 3.  In the tx area □Yes or □ No |  |  |  |  |  |  |
| 4.  In the tx area □Yes or □ No |  |  |  |  |  |  |
| 5.  In the tx area □Yes or □ No |  |  |  |  |  |  |
| 6.  In the tx area □Yes or □ No |  |  |  |  |  |  |
| 7.  In the tx area □Yes or □ No |  |  |  |  |  |  |
| 8.  In the tx area □Yes or □ No |  |  |  |  |  |  |
| (a) **EPI**-Epidural, **ID**-Intradermal, **IM-**Intramuscular**,**  **INH**-Inhalant, **IV**-Intravenous**,** **NG**-Nasogastric, **OPH**- Ophthalmic, **PO**-Oral, **PR**-Rectal, **PV**-Vaginal, **SL**-Sublingual,  **TOP**-Topical, **OTH**-Other  (b)Any new indication recorded with a new or changed medication regimen will be recorded as an AE. | | | | | | |