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Site Number

Subject Number

## Form CM - Concomitant Medications

## 1 CM - Concomitant Medications Header

1.1	Were any medications/ therapies taken?	<input type="radio"/> [N] No <input type="radio"/> [Y] Yes	<b>CMYN</b>
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## 2 CM - Concomitant Medications

2.1	Medication/Therapy	<b>CMTRT</b>
2.2	Indication	<b>CMINDC</b>
2.3	Dose	<b>CMDSTXT</b>
2.4	Unit	<div> <input type="radio"/> [% (v/v)] Percent Volume per Volume         <input type="radio"/> [CAPSULE] Capsule         <input type="radio"/> [g] Gram         <input type="radio"/> [INHALATION] Inhalation         <input type="radio"/> [IU] International Dosing Unit         <input type="radio"/> [L/h] Liter per Hour         <input type="radio"/> [L/min] Liter per Minute         <input type="radio"/> [mg] Milligram         <input type="radio"/> [mg/kg] Milligram per Kilogram         <input type="radio"/> [mL] Milliliter         <input type="radio"/> [mL/h] Milliliter per Hour         <input type="radio"/> [mL/kg] Milliliter per Kilogram         <input type="radio"/> [PUFF] Puff         <input type="radio"/> [SPRAY] Spray         <input type="radio"/> [TABLET] Tablet         <input type="radio"/> [ug] Microgram         <input type="radio"/> [ug/kg] Microgram per Kilogram         <input type="radio"/> [OTHER] Other         <div>Other, Specify <input type="text"/></div> </div> <div><b>DOSUO</b></div>



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**Form CM - Concomitant Medications****2 CM - Concomitant Medications**

2.5	Dose Form	<p><input type="radio"/> [AEROSOL] Aerosol</p> <p><input type="radio"/> [CAPSULE] Capsule</p> <p><input type="radio"/> [CREAM] Cream</p> <p><input type="radio"/> [GAS] Gas</p> <p><input type="radio"/> [GEL] Gel</p> <p><input type="radio"/> [INHALANT] Inhalant</p> <p><input type="radio"/> [INJECTION] Injectable</p> <p><input type="radio"/> [LIQUID] Liquid</p> <p><input type="radio"/> [OINTMENT] Ointment</p> <p><input type="radio"/> [PATCH] Patch</p> <p><input type="radio"/> [POWDER] Powder</p> <p><input type="radio"/> [SPRAY] Spray</p> <p><input type="radio"/> [SUPPOSITORY] Suppository</p> <p><input type="radio"/> [SUSPENSION] Suspension</p> <p><input type="radio"/> [TABLET] Tablet</p> <p><input type="radio"/> [OTHER] Other</p> <p>Other, Specify <input type="text"/></p>	<b>CMDOSFRM</b>
2.6	Frequency	<p><input type="radio"/> [BID] Twice Daily</p> <p><input type="radio"/> [ONCE] Once</p> <p><input type="radio"/> [PRN] As Needed</p> <p><input type="radio"/> [QD] Daily</p> <p><input type="radio"/> [QOD] Every Other Day</p> <p><input type="radio"/> [TID] Three Times Daily</p> <p><input type="radio"/> [UNKNOWN] Unknown</p> <p><input type="radio"/> [OTHER] Other</p> <p>Dose Frequency Other, Specify <input type="text"/></p>	<b>CMDOSFRQ</b>



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2.7	Route	<p><input type="radio"/> [INTRALESIONAL] Intralesional</p> <p><input type="radio"/> [INTRAMUSCULAR] Intramuscular</p> <p><input type="radio"/> [INTRAOCULAR] Intraocular</p> <p><input type="radio"/> [INTRAPERITONEAL] Intraperitoneal</p> <p><input type="radio"/> [NASAL] Nasal</p> <p><input type="radio"/> [ORAL] Oral</p> <p><input type="radio"/> [RECTAL] Rectal</p> <p><input type="radio"/> [RESPIRATORY (INHALATION)] Inhalation</p> <p><input type="radio"/> [SUBCUTANEOUS] Subcutaneous</p> <p><input type="radio"/> [TOPICAL] Topical</p> <p><input type="radio"/> [TRANSDERMAL] Transdermal</p> <p><input type="radio"/> [VAGINAL] Vaginal</p> <p><input type="radio"/> [OTHER] Other</p> <p>Other, Specify <input type="text"/></p>	<b>CMROUTE</b>										
2.8	Start Date (DD-MMM-YYYY)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											<b>CMSTDAT</b>
2.9	Ongoing	<p><input type="radio"/> [N] No</p> <p><input type="radio"/> [Y] Yes</p>	<b>CMONGO</b>										
2.10	End Date (DD-MMM-YYYY)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											<b>CMENDAT</b>