Investigational Title: _____ COMIRB #: _____

Principal Investigator: _____

Participant #: _____

PRIOR AND CONCOMITANT MEDICATIONS LOG

Medication (Generic name, if possible)	Indication	Dose	Units	Route	Frequency	Start Date dd/mmm/yyyy	Stop Date dd/mmm/yyyy	Ongoing	Taken for AE?
								O Yes O No	O Y, AE#____ O No
								O Yes O No	O Y, AE#____ O No
								O Yes O No	O Y, AE#____ O No
								O Yes O No	O Y, AE#____ O No
								O Yes O No	O Y, AE#____ O No
								O Yes O No	O Y, AE#____ O No

To be signed by Principal Investigator at End of Study or once all events have stabilized/resolved.
Principal Investigator: _____ Date: _____