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| Número de sujeto | |  | | | Iniciales del sujeto | | |  | | | Código del protocolo | |  | | |
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|  | Medicamentos concomitantes | | | | | | | | | | | | | | |
| **Nombre comercial** | | | **Sal** | **Dosis** | | **Unidades** (mg, ml, etc.) | **Frecuencia** | | **Vía de administración** (Oral, IM, IV, rectal, etc.) | **Indicación** | | **Fecha de inicio**  (dd-mmm-aa) | | **Fecha de fin**  (dd-mmm-aa) | **Iniciales de quien reporta** |
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