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Site Number

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Subject Number

CM = 'Concomitant/Prior Medications'

Form CM - Concomitant Medications**1 CM - Concomitant Medications Header**

1.1	Were any medications/ therapies taken? <i>IT.CMYN</i>	<input type="radio"/> [N] No <input type="radio"/> [Y] Yes	Not Submitted
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2 CM - Concomitant Medications

2.1	Medication/Therapy <i>IT.CMTRT</i>	CMTRT
2.2	Indication <i>IT.CMINDC</i>	CMINDC
2.3	Dose <i>IT.CMDSTXT</i>	If numeric then CMDOSE If character then CMDOSXT
2.4	Unit <i>IT.CMDOSU</i>	<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 Other, Specify <input type="text"/> <i>IT.DOSUO</i>



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Site Number

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

2.5	Dose Form <i>IT.CMDOSFRM</i>	<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 <i>CMDOSFRM</i></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"/> <i>IT.DOSFRMO</i></p>
2.6	Frequency <i>IT.CMDOSFRQ</i>	<p><input type="radio"/> [BID] Twice Daily</p> <p><input type="radio"/> [ONCE] Once</p> <p><input type="radio"/> [PRN] As Needed <i>CMDOSFRQ</i></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"/> <i>IT.DOSFRQO</i></p>



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

2.7	Route IT.CMROUTE	<input type="radio"/> [INTRALESIONAL] Intralesional <input type="radio"/> [INTRAMUSCULAR] Intramuscular <input type="radio"/> [INTRAOCULAR] Intraocular <input type="radio"/> [INTRAPERITONEAL] Intraperitoneal <input type="radio"/> [NASAL] Nasal <input type="radio"/> [ORAL] Oral <input type="radio"/> [RECTAL] Rectal <input type="radio"/> [RESPIRATORY (INHALATION)] Inhalation <input type="radio"/> [SUBCUTANEOUS] Subcutaneous <input type="radio"/> [TOPICAL] Topical <input type="radio"/> [TRANSDERMAL] Transdermal <input type="radio"/> [VAGINAL] Vaginal <input type="radio"/> [OTHER] Other Other, Specify <input type="text"/> CMROUTE ITROUTEO										
2.8	Start Date IT.CMSTDAT (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> CMSTDTC										
2.9	Ongoing IT.CMONGO	<input type="radio"/> [N] No <input type="radio"/> [Y] Yes If Yes then CMENRTPT = 'ONGOING' If Yes then CMENTPT = 'DATE OF LAST ASSESSMENT'										
2.10	End Date (DD-MMM-YYYY) IT.CMENDAT	<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> CMENDTC										