

SITE Nº: PROJECT CODE (Sponsor)	PATIENT Nº:	REPORT TYPE: <input type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOW UP	RANDOMIZATION:
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**ADDITIONAL FORM CONCOMITANT MEDICATIONS (Record drugs being taken at the time of the event) AND RELEVANT HISTORY**

19. CONCOMITANT MEDICATIONS (drug and brand name)	19e. INDICATION FOR USE	19a. DAILY DOSE (units)	19b. ROUTE	19c. ONSET DATE			19d. STOPPED DATE			19f. Ongoing
				dd	mmm	yyyy	dd	mmm	yyyy	
1. <input type="checkbox"/>										<input type="checkbox"/>
2. <input type="checkbox"/>										<input type="checkbox"/>
3. <input type="checkbox"/>										<input type="checkbox"/>
4. <input type="checkbox"/>										<input type="checkbox"/>
5. <input type="checkbox"/>										<input type="checkbox"/>

20. . RELEVANT INFORMATION FROM THE MEDICAL HISTORY (e.g Diagnostics, allergies, pregnancy, past medication, relevant previous disease...)	20.a START DATE			20.b STOP DATE			20.c Ongoing
	dd	mmm	yyyy	dd	mmm	yyyy	
1. <input type="checkbox"/>							<input type="checkbox"/>
2. <input type="checkbox"/>							<input type="checkbox"/>
3. <input type="checkbox"/>							<input type="checkbox"/>
4. <input type="checkbox"/>							<input type="checkbox"/>
5. <input type="checkbox"/>							<input type="checkbox"/>