Prior & Concomitant Medication Log

Study: _____ **Participant ID:** _____ **Participant Initials:** _____ _____ _____

IRB Number: _____ **PI:** _____ **Site:** _____

Medication (Generic/Brand Name) Non-drug Therapy	Total Daily Dose	Dose Unit	Route	Frequency	Start Date	Stop Date	Indication for Use *If given for an AE, enter exact term from AE log	Medical History (MH) or Adverse Event (AE)?
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Recorded by (Study Staff Initials):_____ **Investigator Signature:**_____ **Date Reviewed:**_____

Considerations

- ***Templates are adaptable and editable specific to each research study and required data collection.***
- ***The IRB approved protocol in ERICA should be referenced to determine protocol specific timelines and requirements when collection of prior & concomitant medication is required.***
- ***The eCRF guidelines should be referenced to determine data collection requirements and adapt the concomitant log to meet research study needs.***