SINGLE PARTICIPANT MEDICATION LOG

Study Title:	**Medication/Investigational Product:**
Investigator:	**Participant ID #**

Record all of the participants current medications/therapies as described within the clinical study protocol. Record the start and stop dates or if ongoing. If the day or month of the start and/or stop dates are unknown, at least enter a year (i.e., UN-UN-year). Review and update as necessary at all visit's and when any medications have changed, started or stopped. If a medication is/was given numerous times (ie monthly) list the start and stop dates of the ENTIRE course of treatment.

Medication or Therapy	**Indication**	**Start Date -OR- UN-UN-Year**	**If ongoing, check**	**End Date -OR- UN-UN-Year**	**If given for an AE, list the AE #**
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Study Personnel Signature **Date**