

**VA COOPERATIVE STUDY #578**

Participant ID: \_\_\_\_\_ - \_\_\_\_\_

**SOURCE DOCUMENT WORKSHEET FOR  
FORM 08: PRE PROCEDURE NON-STUDY MEDICATIONS**

**Completing this form:**

**Step One:** Obtain a list of medications the participant is regularly taking. This can be done via the electronic medical record. Include all medications, prescription and over the counter, regularly taken by the participant including those obtained outside the VA.

**Step Two:** Cross check the list of medications obtained in Step One with the attached list of medications being collected for the study. If the participant is taking any of the medications noted on the attached list, note the name(s) on the table below.

1. Is the participant currently taking any of the medications identified on the attached non-study medication list? **CMCurrent Blank: -1**
- Yes (If yes, note the names on the table below) **1**
- No **2**

<b>2. Current Medications (Use the Generic or Brand Names Identified from Non-Study Medication List)</b>
<b>CMName</b>

3. Was the participant instructed by their physician to stop taking any of the medications identified on the attached non-study medication list (such as NSAIDs or metformin) prior to their angiography? **CMStop Blank: -1**
- Yes (If yes, note the names on the table below) **1**
- No **2**

<b>4. Stopped Medications (Use the Generic or Brand Names Identified from Non-Study Medication List)</b>
<b>CMNameStop</b>

5. Date form completed: \_\_\_\_\_ **F08Complete** \_\_\_\_\_

Signature of person completing the form: \_\_\_\_\_