



Anti-CD20 Study
CONCOMITANT MEDICATIONS FORM

Form RIT10

15 MARCH 2006

Version 1.0

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Site Number: _____ Screening ID: _____ - _____

Participant Letters: _____

Complete this form for all regularly scheduled Follow-up Visits.

A. VISIT INFORMATION

1. Visit Date:

___/___/___
DAY MONTH YEAR

2. For which visit is this form being completed? (check one)

- | | | | | |
|-----------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> 3 Week 1 | <input type="checkbox"/> 11 Month 3 | <input type="checkbox"/> 26 Month 15 | <input type="checkbox"/> 30 Month 30 | <input type="checkbox"/> 99 Other |
| <input type="checkbox"/> 4 Week 2 | <input type="checkbox"/> 16 Month 6 | <input type="checkbox"/> 27 Month 18 | <input type="checkbox"/> 31 Month 36 | |
| <input type="checkbox"/> 5 Week 3 | <input type="checkbox"/> 17 Month 9 | <input type="checkbox"/> 28 Month 21 | <input type="checkbox"/> 32 Month 42 | |
| <input type="checkbox"/> 6 Week 5 | <input type="checkbox"/> 18 Month 12 | <input type="checkbox"/> 29 Month 24 | <input type="checkbox"/> 33 Month 48 | |

If OTHER,

a. Specify: _____

B. CONCOMITANT MEDICATIONS

1. Are there any changes since the previous visit in medications/supplements that you are taking other than insulin?

Y N

If the change in medication was due to an *adverse event*, complete an Adverse Event Report Form (RIT13)

If YES,

a. Are you taking or have you taken any NEW medications/supplements since the last visit?

Y N

If YES, list NEW medications/supplements:

- 1) _____
a) For what? _____
- 2) _____
a) For what? _____
- 3) _____
a) For what? _____
- 4) _____
a) For what? _____
- 5) _____
a) For what? _____

b. Have you DISCONTINUED the use of any medications/supplements since the last visit?

Y N

If YES, list DISCONTINUED medications/supplements:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

On all questions write "?" if the desired information is permanently unavailable (i.e. will not be known in any future updates). Initials (first, middle, last) of person completing this form: _____

F M L