Protocol No: VHCRP1701	Participant number 1701-□□□□□-□□	Participant initials □□□□ E.g. Smith John SMJO	SMART-C

Concomitant Medication log

Medication name* (include dosage if available)	**Indication**	**Start Date** (dd/mm/yyyy)	**Stop Date** (dd/mm/yyyy)	**Continuing at the End of Study**
				Yes ☐ No ☐
				Yes ☐ No ☐
				Yes ☐ No ☐
				Yes ☐ No ☐
				Yes ☐ No ☐
				Yes ☐ No ☐
				Yes ☐ No ☐
				Yes ☐ No ☐
				Yes ☐ No ☐

***Please record in this log all Concomitant Medications. Only OST (Opioid Substitution Therapies) and ART (Antiretroviral Therapies) active at Screening must be recorded in the eCRF.**