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| Pre-populated | Concomitant Medication Category | Chemotherapy Agents |
| Indicate if the subject took any chemotherapeutic medications. If Yes, include the appropriate details where indicated on the CRF. | Any Concomitant Medications | Yes  No |
| Record only one treatment per line. Provide the full trade or proprietary name of the medication/treatment; otherwise, record the generic name | What was the medication? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Pre-populated | Indication | Transplant conditioning |
| Record the date the chemotherapeutic agent was first taken using this format (DD‑MON‑YYYY). If transplant conditioning occurred a significant amount of time prior to the start of the study, it is acceptable to have an incomplete date. | Start Date | \_\_ \_\_ - \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ |
| Record the date the chemotherapeutic agent was stopped using this format (DD‑MON‑YYYY). If transplant conditioning occurred a significant amount of time prior to the start of the study, it is acceptable to have an incomplete date. | End Date | \_\_ \_\_ - \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ |
| Record the dose of the medication/treatment per administration (e.g., 200). | Dose | \_\_ \_\_ \_\_ \_\_ . \_\_ \_\_ |
| Record the dose unit of the dose of concomitant medication taken. | Dose Unit | *<From UNIT codelist>* |
| Record the average area under the curve (AUC) of the chemotherapeutic agent taken. | Average Area Under Curve (AUC) | \_\_ \_\_ \_\_ \_\_ . \_\_ \_\_ |

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| Pre-populated | Concomitant Medication Category | Non-Chemotherapy Conditioning Agents |
| Indicate if the subject took any non‑chemotherapeutic medications. If Yes, include the appropriate details where indicated on the CRF. | Any Concomitant Medications | Yes  No |
| Record only one treatment per line. Provide the full trade or proprietary name of the medication/treatment; otherwise, record the generic name | What was the medication? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Pre-populated | Indication | Transplant conditioning |
| Record the date the non‑chemotherapeutic agent was first taken using this format (DD‑MON‑YYYY). If transplant conditioning occurred a significant amount of time prior to the start of the study, it is acceptable to have an incomplete date. | Start Date | \_\_ \_\_ - \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ |
| Record the date the non‑chemotherapeutic agent was stopped using this format (DD‑MON‑YYYY). If transplant conditioning occurred a significant amount of time prior to the start of the study, it is acceptable to have an incomplete date. | End Date | \_\_ \_\_ - \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ |
| Record the dose of the medication/treatment per administration (e.g., 200). | Dose | \_\_ \_\_ \_\_ \_\_ . \_\_ \_\_ |
| Record the dose unit of the dose of concomitant medication taken. | Dose Unit | *<From UNIT codelist>* |
| Record how often the medication was taken (e.g., BID, PRN). | Dose Frequency | *<From FREQ codelist>* |

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| Pre-populated | Procedure Category | Radiation |
| Indicate if the subject received any radiation treatments. If Yes, include the appropriate details where indicated on the CRF. | Any Procedures | Yes  No |
| Record only one procedure per line | Procedure Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Pre-populated | Indication | Transplant Conditioning |
| Provide the duration of radiation. | Duration | \_\_ \_\_ *Days* |
| Record the amount of radiation per administration. | Dose | \_\_ \_\_ \_\_ \_\_ |
| Record the unit for the amount radiation administered. | Unit | *<From UNIT codelist>* |