



Note: Number pages sequentially (001, 002, 003) for each participant.

MTN 015 (143)

NCM-1 (416)

Participant ID

- -
 Site Number Participant Number Chk

Non-ART Concomitant Medications Log

No medications taken throughout study. _____
 Staff Initials/Date
 End of form.
 Fax to SCHARP DataFax.

1. Medication Code: If medication code is 99, specify: Staff Initials/Entry Date

Date Started Date Stopped OR Continuing at end of study
 dd MMM yy dd MMM yy

2. Medication Code: If medication code is 99, specify: Staff Initials/Entry Date

Date Started Date Stopped OR Continuing at end of study
 dd MMM yy dd MMM yy

3. Medication Code: If medication code is 99, specify: Staff Initials/Entry Date

Date Started Date Stopped OR Continuing at end of study
 dd MMM yy dd MMM yy

4. Medication Code: If medication code is 99, specify: Staff Initials/Entry Date

Date Started Date Stopped OR Continuing at end of study
 dd MMM yy dd MMM yy

5. Medication Code: If medication code is 99, specify: Staff Initials/Entry Date

Date Started Date Stopped OR Continuing at end of study
 dd MMM yy dd MMM yy

6. Medication Code: If medication code is 99, specify: Staff Initials/Entry Date

Date Started Date Stopped OR Continuing at end of study
 dd MMM yy dd MMM yy

Non-ART Concomitant Medications Log (NCM-1)

Purpose: This form is used to document participant use of non-antiretroviral (ART) medications. Only record the following types of non-ART medications on this form: drugs for opportunistic infection prophylaxis or treatment; hormonal contraceptives, and single-dose nevirapine used for prevention of mother-to-child transmission (pMTCT) of HIV.

General Information/Instructions: Fax this form to SCHARP DataFax each time it is modified or updated.

Item-specific Instructions:

- **Page:** Number the pages sequentially starting with page 001.
- **Medication Code:** Record the medication code from the MTN 015 Non-ART Concomitant Medication Code List. If the hormonal contraception or opportunistic infection prophylaxis/treatment medication is not listed, record “99” as the code and specify the medication in the box provided.
- **Staff Initials/Date:** Record the staff initials and date of the staff member who records the date started.
- **Date Started:** At minimum, a month and year are required.
- **Date Stopped:** The date stopped should remain blank until the medication is stopped or held. If a date stopped is recorded, at minimum, a month and year are required. If the participant is using the medication at the time of study termination, mark the “Continuing at end of study” box and leave the date stopped blank.