PB2452-PT-CL-0004

Source Documentation **Prior / Concomitant Therapy** **Pt No.:**

Please record below details about concomitant therapy taken within 30 days prior to Informed Consent or added/stopped during the study

1. The **Anesthesia** therapies are **NOT** expected to be reported in the eCRF but all other medications, including pressors for management during surgery are to be included.
2. **Ticagrelor, Aspirin and CYP3A** use will be recorded in the Screening Visit of EDC and screening source documents. Re-start of anticoagulant therapy is also recorded on Visit 3, Visit 4 and Visit 5 source worksheets and ECRF.
3. If therapy is for a **Baseline Condition / Medical History**, the condition must be included on Medical History eCRF page
4. If therapy is given for an **Adverse Event**, ensure the event has been included on the Adverse Event page
5. Blood products, transfusions and additional supportive products (i.e Saline) must be entered on the Blood products or Other infusion page ECRF

Medication Name (Trade Name for Medication)	Reason for Therapy / Indication	Daily Dose and Unit	Frequency	Route	Start date Start Time	Stop Date and Stop Time 'ongoing' if still ongoing at end of study