

Research Subject's Name: _____
Medical Record Number: _____
MUHC or IRB Study Code: _____
Study Drug(s): _____

**FOR SIDE EFFECTS OR DRUG INTERACTIONS:
See the patient's MUHC medical record.**

**Call the Principal Investigator: Dr. _____ at
514-934-1934 ext _____ or use Hospital Locating.
Call or page the MUHC pharmacist at your site.**

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