Dupuytren's Interventions Surgery vs Collagenase

University of York

NHS University Hospitals of Leicester NHS Trust

DISC Adverse Event Follow-Up Form

Date of initial report *(dd/mm/yyyy)*	Participant study number	Site ID	Event number*
☐☐ / ☐☐ / ☐☐☐☐	☐☐☐☐	☐☐	☐☐

*Please refer to the DISC Adverse Event Initial Report Form and participant's DISC Adverse Event Tracking Log for the Event Number.

1. Further details of adverse event

Further details of event where possible:

2. Outcome

☐ Resolved* ☐ Resolved with Sequelae*

☐ Ongoing* ☐ Ongoing with Sequelae* ☐ Died* (give cause and PM details if available)

*Give details:

3. Additional action taken and further information since initial report

Please describe further action taken below:

Further information or data relevant to assessment of case e.g. medical history, family history, test results:

If the participant's status has changed as part of the event, please complete a DISC Participant Change of Status Form and send a copy to York Trials Unit.

I confirm that the contents of this form are accurate and complete

Name of person completing form:

Signature of person providing follow-up report:

Assessor ID: ☐☐ Date: ☐☐ / ☐☐ / ☐☐☐☐ *(dd/mm/yyyy)*

Please send a copy of the form to York Trials Unit either by fax: 01904 321387 or email: Disc-Trial-Group@york.ac.uk and file the original form in your site files.