



BEST Study, Event notification form

****Telephone Warwick immediately with any notification of withdrawal, death, serious adverse event or complaint****

Emma Withers on 024 0000 0000

Completed by Date of completion/...../.....

Participant details:

Participant ID number

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Date of birth

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****Only include the participant's name or address if used to notify a name or address change**

Old name

New name

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Old address

New address

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Back Skills Training (BeST) Trial

The University of Warwick
Centre for Primary Health Care



MRC General Practice Research
Framework

4. Death notification

Date of death |__|__| |__|__| |__|__| *Phone Emma at
Warwick as soon as possible with
this information*

Cause of death (if known).....

Date Warwick informed |__|__| |__|__| |__|__|

Message taken by (at Warwick)
.....

5. Serious adverse event notification

Date of event |__|__| |__|__| |__|__| *Phone Emma at
Warwick as soon as possible with
this information*

Nature of possible adverse event.....
.....

Date Warwick informed |__|__| |__|__| |__|__|

Source of notification of possible adverse event.....

Message taken by (at Warwick).....

6. Complaint notification

Date of notification |__|__| |__|__| |__|__|

Nature of complaint.....
.....

Date Warwick informed |__|__| |__|__| |__|__| *Phone Emma at
Warwick as soon as possible with
this information*

Source of notification of complaint.....

Message taken by (at Warwick)
.....

Completed by (Block capitals)

Date of completion |__|__| |__|__| |__|__|

7. Pregnancy

Completed by (Block capitals)

Date of completion | | | | | | | |

Participant details

Participant ID number | | | | | | | | | |

Date of birth | | | | | | | |

Due date | | | | | | | |