# NON-SERIOUS ADVERSE EVENT FORM

**Patient concerned (trial number)** ☐☐☐☐☐☐

**Name & address of podiatrist reporting event.**

**Date of event**

**Details of event**

Please include details of: site, signs, symptoms, severity, onset and duration of reaction, batch number medicinal product, severity of event and any other information.

**Action taken and outcome**

**Do you think the event is related to the trial treatment (50% salicylic acid or cryotherapy using liquid nitrogen)?** (Please tick only ONE box)

**Unrelated** ☐ **unlikely to be related** ☐ **possibly related** ☐ **probably related** ☐ **definitely related** ☐ **not able to assess if related** ☐

If the adverse event/reaction has resulted in any of the following you must complete a SAE form instead.

- Death
- A life-threatening risk (that is an immediate risk of death)
- Hospitalisation of patient or prolongation of existing hospitalisation
- Persistent or significant disability/incapacity
- Consists of a congenital anomaly or birth defect

**Possible SAEs in the Verrucae trial**. Please note that this is not an exhaustive list, if you suspect an event is serious, please contact the Trial co-ordinator –York Trials Unit. We would rather you erred on the side of caution and reported an event to us.

**Suspected damage to underlying tissue eg tendon**
**Patient has died**
**Limb compromised**:
**Newly diagnosed diabetic:** patient diagnosed as diabetic by GP during course of trial
Patient hospitalised

Signature _____ Date _____