

**SERIOUS ADVERSE EVENT REPORT**

TO BE COMPLETED FOR ANY SERIOUS ADVERSE EVENTS

Participant Study No:

**A.** Date of report (dd/mm/yy)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**B. PATIENT DETAILS**

Patient's Initials

<input type="text"/>
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Date of birth (dd/mm/yy)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**C.** Cross all appropriate to adverse event – if any boxes are crossed the adverse event is "serious".

- Patient died
- Involved or prolonged inpatient hospitalisation
- Involved persistent or significant disability or incapacity
- Life threatening

**D.** Place where adverse event took place/detected

<input type="text"/>
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**E.** Date of event

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**F** Brief details of adverse event

<input type="text"/>
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