

VenUS IV: COMPRESSION HOSIERY TRIAL
NON-SERIOUS ADVERSE EVENT FORM

Participant ID Number Nurse Code - -
First three letters of SURNAME day of birth month of birth
e.g. SMI - 23 - 02

Name of nurse reporting event (block capitals)

Name of local research nurse - if different from above (block capitals)

Date of event / /
day / month / year

Details of event

Action taken

Do you think the event is related to the trial treatment?
(Please cross ONE box only)

Unrelated Unlikely to be related Possibly related Probably related Definitely related Not able to assess if related

If the adverse event has resulted in any of the following you must complete a Serious Adverse Event (SAE) Form instead:

- death
- a life-threatening risk (that is an immediate risk of death)
- hospitalisation of patient
- persistent or significant disability / incapacity
- other medically important condition

Please note this is not an exhaustive list. If you suspect an **event is serious**, please contact the Trial Co-ordinator at the York Trials Unit. We would rather you erred on the side of caution and reported an event to us.

Trial Co-ordinator:
Email: Telephone: