

VenUS IV: COMPRESSION HOSIERY TRIAL

REVIEW OF NON-SERIOUS ADVERSE EVENT

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

Date of original Non-Serious adverse event / / 20
day / month / year

How and when notification of the NON-serious event was made

Date of review / / 20
day / month / year

Action taken

Signature of reviewer

For York Use Only

Date reviewed by Trial Management Group / / 20
day / month / year