

VenUS IV: COMPRESSION HOSIERY TRIAL

REVIEW OF SERIOUS ADVERSE EVENT

Participant ID Number

Nurse Code - -
First three letters of SURNAME day of birth month of birth

Date of original **SERIOUS** adverse event / / 2 0
day / month / year

How and when notification of the **SERIOUS** event was made

Date of review / / 2 0
day / month / year

Action taken

Signature of reviewer

For York Use Only

Date reviewed by TSC / / 2 0
day / month / year