

# SERIOUS ADVERSE EVENT REPORT FORM



STRENGTHEN

Participant Study Number:

Initials:

Date of onset of SAE:  /  /

Description of event (include reported signs, symptoms and diagnosis where possible):

Event is described as serious because (tick all that apply):

Resulted in death ☐ Life threatening event ☐ Prolonged/required hospitalisation ☐  
Persistent/significant disability/incapacity ☐ Significant medical event ☐

Outcome at time of this report (tick one box only):

Recovered ☐ Recovered with sequelae ☐ Died ☐  
 /  /   
Date recovered/died: OR: Tick if ONGOING ☐

Please fax this form to PenCTU on Fax 01752 315254. When the form is complete, please file a copy in the participant's folder and send the original to CTU using the Freepost envelopes provided.

This SAE form must be signed by the Principal Investigator (PI) or by a researcher delegated by the PI:

SIGNED BY (CAPITALS)

SIGNATURE

DATE OF REPORT:

 /  / 

(For PenCTU use only) Summary description of event:

