

REC Ref: 14/SC/1219

PARAMEDIC DETAILS

Paramedic initials

Paramedic AIRWAYS-2 ID _____

PATIENT DETAILS (RELATING TO SAE OCCURRENCE)

Incident number _____

Patient AIRWAYS-2 ID _____

EVENT DETAILS

Date of SAE

__ / __ / __
d d m m y y y y

Time of SAE

__ : __
(24 hr clock)

DESCRIPTION OF EVENT

Full description of event. If this is a follow-up, details of any additional actions taken/ further information since initial report should also be documented here.

RELATEDNESS

How related to the intervention was the event?

Possibly related

☐

Probably related

☐

Definitely related

☐

OUTCOME OF EVENT

Resolved,
no sequelae

☐

Resolved,
with sequelae*

☐

Ongoing* (please complete and return
additional SAE report form within 5 days)

☐

Died* (give cause and PM
details or Death Certificate)

☐

*Give details. If event is ongoing, please follow up patient until event is resolved.

DETAILS OF PRINCIPLE INVESTIGATOR/ LOCAL COLLABORATOR

The completed SAE form must be signed off by the **PI or local collaborator** prior to upload.

I confirm that the contents of this form are accurate and complete

Name _____

Signature _____

Date __ / __ / __
d d m m y y y y

Name of person completing form* (capitals): _____

Signature of person completing form: _____ Date completed (dd/mm/yyyy): __ / __ / __