

NSAE - SINGULAIR

Site number: |_|_|_| Subject number: |_|_|_|_| Researcher Initials:|_|_|

Patient Initials: |_|_|_| Date of THIS Visit/Call: |_|/|_|/|_|_|

NONSERIOUS ADVERSE EXPERIENCE



If AE resulted in Death, if AE is immediately Life-Threatening, results in Persistent or Significant Disability/Incapacity, results in Hospitalization or Prolongs an Existing Hospitalization, is a Congenital Anomaly/Birth Defect, a Cancer, the result of an Overdose, or Other Important Medical Event, enter event on the SAE form.

Were there any nonserious AEs since last visit/phonecall?

None or complete the form below

Date information obtained: _____

DD-Mon-YYYY

Clinical AE Term	Check if Worsening Condition	Onset Date	Stop Date (or check box if continuing)	Duration (if less than 24 hours)	Intensity	Action Taken on Primary Test Drug Due to AE:	Did primary test drug cause AE? (Refer to Guidelines for Causality)
		DD Mon-YYYY	DD Mon-YYYY	Specify number of hours, minutes or seconds	1 = Mild 2 = Moderate 3 = Severe	1 = None 2 = Interrupted 3 = Discontinued 4 = Reduced	1 = Definitely not 2 = Probably not 3 = Possibly 4 = Probably 5 = Definitely
	<input type="checkbox"/>		<input type="checkbox"/> Continuing	Hrs <input type="checkbox"/> Min <input type="checkbox"/> Sec <input type="checkbox"/>			
	<input type="checkbox"/>		<input type="checkbox"/> Continuing	Hrs <input type="checkbox"/> Min <input type="checkbox"/> Sec <input type="checkbox"/>			
	<input type="checkbox"/>		<input type="checkbox"/> Continuing	Hrs <input type="checkbox"/> Min <input type="checkbox"/> Sec <input type="checkbox"/>			
	<input type="checkbox"/>		<input type="checkbox"/> Continuing	Hrs <input type="checkbox"/> Min <input type="checkbox"/> Sec <input type="checkbox"/>			
	<input type="checkbox"/>		<input type="checkbox"/> Continuing	Hrs <input type="checkbox"/> Min <input type="checkbox"/> Sec <input type="checkbox"/>			

NONSERIOUS LABORATORY or OTHER DIAGNOSTIC PROCEDURES

TYPE OF AE	LABORATORY OR OTHER DIAGNOSTIC PROCEDURES (To describe Lab AE use the term "Increased" or "Decreased")		Check if Worsening Condition	Date lab specimen obtained or special exam performed	Action Taken on Primary Test Drug Due to AE:	Did primary test drug cause AE? (Refer to Guidelines for Causality)
	Lab <input type="checkbox"/>	Other <input type="checkbox"/>		DD Mon-YYYY	1 = None 2 = Interrupted 3 = Discontinued 4 = Reduced	1 = Definitely not 2 = Probably not 3 = Possibly 4 = Probably 5 = Definitely
Lab <input type="checkbox"/>			<input type="checkbox"/>			
Other <input type="checkbox"/>			<input type="checkbox"/>			
Lab <input type="checkbox"/>			<input type="checkbox"/>			
Other <input type="checkbox"/>			<input type="checkbox"/>			

Comments: