

ProFHER Trial: Adverse Event Reporting Form

Participant ID number:

This form should be completed for patients who have had an **adverse event**: i.e. any undesirable experience occurring to a patient, whether or not considered related to the treatments being compared in the trial.

Date of assessment (dd/mm/yy):

Name of Principal Investigator:

Name of person reporting the adverse event:

Q1. Please record **date of adverse event** (dd/mm/yy):

Q2. **Nature of adverse event:**

Please provide as much information as possible in the box below about the adverse event including investigations and treatment given.

Please continue form overleaf

Q3. Type of adverse event*:

Please categorise this adverse event, crossing all appropriate options:

	Yes	No
a. Resulted in Death	<input type="checkbox"/>	<input type="checkbox"/>
b. Is life-threatening	<input type="checkbox"/>	<input type="checkbox"/>
c. Required hospitalisation or prolongation of existing hospitalisation	<input type="checkbox"/>	<input type="checkbox"/>
d. Resulted in persistent significant disability or incapacity	<input type="checkbox"/>	<input type="checkbox"/>
e. Consists of a congenital anomaly or birth defect	<input type="checkbox"/>	<input type="checkbox"/>
f. Is otherwise considered medically significant by the investigator	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (please describe): <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q4a. In your opinion, is the adverse event **related** to the patient taking part in the ProFHER Trial? **Yes**

No

Q4b. Is it an **expected** or **unexpected** adverse event?

Please explain your responses to 4a and 4b in the box below:

* If the answer to any parts of a-f for Question 3 is 'Yes', this is a **serious adverse event** and must be reported to the ProFHER Trial Co-ordinator **within 24 hours** of the local investigator becoming aware of it.

If the only answer to Question 3 is 'Yes' to part g. this is a **non-serious adverse event** and must be reported to the ProFHER Trial Co-ordinator **within 5 days** of the local investigator becoming aware of it.

Please fax this form to the ProFHER Trial Co-ordinator on 01904 [REDACTED] for the attention of Dr Stephen Brealey. Before you fax the form, please ring Stephen Brealey on 01904 [REDACTED] to inform him that the fax is on its way. If Stephen is unavailable then please ring Ms Sarah Gardner, ProFHER Trial Secretary, on 01904 [REDACTED].

Thank you for completing this form