PiPS
Probiotic in Preterm babies Study

Form 5: Serious Adverse Event (SAE) & Suspected Unexpected Serious Adverse Reaction (SUSAR)

Please complete in black ballpoint pen

Action required by clinician

i. Complete this form **within 24 hours** of becoming aware of the event
ii. Fax immediately to the PiPS Trial Office at the NPEU on [redacted]
iii. Make a copy of this form, send the original to the Trial Office using a FREEPOST envelope from the PiPS Documentation Box and place the copy in the baby's medical notes

Standard Operating Procedure for the reporting of unexpected Serious Adverse Events (SAEs) and Suspected Unexpected Serious Adverse Reactions (SUSARs)

Expected SAEs: All expected SAEs will be recorded on data collection forms and will be reviewed by the Data Monitoring Committee at regular intervals throughout the trial.

These do not require to be reported on this form. In the context of this trial this includes:

- Death
- Culture positive infection with organisms other than *bifidobacteria*
- Necrotising enterocolitis or focal intestinal perforation
- Broncho-pulmonary dysplasia
- Intracranial abnormality (haemorrhage or focal white matter damage) on cranial ultrasound scan or other imaging
- Pulmonary haemorrhage
- Patent ductus arteriosus
- Retinopathy of Prematurity requiring retinal surgery

Unexpected SAEs: An unexpected serious adverse event is one that is not anticipated and is not known to be related to the condition being studied or the treatment being offered. These should be reported immediately using this form.

SUSAR: A suspected adverse reaction related to the treatment that is both serious and unexpected (i.e. not consistent with the expected outcomes of the treatment being offered). These should be reported immediately using this form.

The SUSARS that have been noted prospectively in the context of the PiPS trial are:

i. Intestinal obstruction associated with corn starch
ii. Bacteraemia with *Bifidobacterium breve* BBG

Neither of these is expected to occur, however

- If you suspect intestinal obstruction due to corn starch you should complete this form and fax it to the PiPS Trial Office within one working day at [redacted].
- Microbiology laboratories have been asked to notify the isolation of any *bifidobacterium* from a normally sterile site to Dr Michael Millar. Dr Mark Wilks or nominated deputy in the microbiology laboratory at the Royal London Hospital will be sent a sample of the isolated *bifidobacterium* organism for typing. If the organism is found to be *Bifidobacterium breve* (which can be done within one working day) the SUSAR will be reported from the microbiology laboratory and the PI at the hospital will be notified. The identification of the strain precisely as *Bifidobacterium breve* BBG make take several weeks longer. When that process is completed all parties will be notified.

Part A: Reporting information

A1. **Name of hospital** _____

A2. **Name of Principal Investigator or Consultant completing the form**

Surname _____ First Name _____

A3. **Date form completed:** D D / M M / Y Y

Part B: Baby identification details

B1. **Baby's surname** _____ **First name** *(if known)* _____

B2. **Study number (5 digits)** ☐☐☐☐☐

B3. **Date of birth:** D D / M M / Y Y

Part C: Details of event

C1. **Please record the diagnosis or describe the event as briefly as possible**

C2. **Date and time event started** D D / M M / Y Y h h : m m (24hr)

C3. **Date and time event resolved (if resolved)** D D / M M / Y Y h h : m m (24hr)

C4. **Indicate the severity of the event** Mild ☐ Moderate ☐ Severe ☐

C5. **Indicate the level of causality that you consider there is between the intervention and this event** Possibly related ☐ Not related to the intervention ☐

C6. **Was this event a SUSAR?** Yes ☐ No ☐ Unsure ☐

C7. **Outcome**

Recovered ☐
Recovering ☐
Continuing ☐
Baby died ☐
Unknown ☐

C8. **Are there any clinical sequelae?** Yes ☐ No ☐ Unsure ☐

If Yes, please describe

Part D: Treatment details

D1. Was any treatment required in response to the event reported? Yes ☐ No ☐

If Yes, *please continue*

If No, *please go to* ***Part F***

D2. If specific drug therapy was prescribed for the event, please list all drugs used in the table below *(Continue on a separate sheet if necessary)*

Drug given *(generic name)*	Dosage regimen	Route of admin.	Date and time started	Date and time stopped
			D D / M M / Y Y h h : m m 24hr	D D / M M / Y Y h h : m m 24hr
			D D / M M / Y Y h h : m m 24hr	D D / M M / Y Y h h : m m 24hr
			D D / M M / Y Y h h : m m 24hr	D D / M M / Y Y h h : m m 24hr
			D D / M M / Y Y h h : m m 24hr	D D / M M / Y Y h h : m m 24hr
			D D / M M / Y Y h h : m m 24hr	D D / M M / Y Y h h : m m 24hr
			D D / M M / Y Y h h : m m 24hr	D D / M M / Y Y h h : m m 24hr
			D D / M M / Y Y h h : m m 24hr	D D / M M / Y Y h h : m m 24hr
			D D / M M / Y Y h h : m m 24hr	D D / M M / Y Y h h : m m 24hr
			D D / M M / Y Y h h : m m 24hr	D D / M M / Y Y h h : m m 24hr
			D D / M M / Y Y h h : m m 24hr	D D / M M / Y Y h h : m m 24hr
			D D / M M / Y Y h h : m m 24hr	D D / M M / Y Y h h : m m 24hr

D3. Were any non-medical therapies, e.g. surgery, provided in response to this event? Please provide details in the box below. *(Continue on a separate sheet if necessary)*

Part E: Treatment details

E1. Please list other drugs being given at or around the time of the event *(do not include routinely used IV fluids)*.

Drug given *(generic name)*	Dosage regimen	Route of admin.	Date and time started	Date and time stopped
			D D / M M / Y Y h h : m m 24hr	D D / M M / Y Y h h : m m 24hr
			D D / M M / Y Y h h : m m 24hr	D D / M M / Y Y h h : m m 24hr
			D D / M M / Y Y h h : m m 24hr	D D / M M / Y Y h h : m m 24hr
			D D / M M / Y Y h h : m m 24hr	D D / M M / Y Y h h : m m 24hr
			D D / M M / Y Y h h : m m 24hr	D D / M M / Y Y h h : m m 24hr
			D D / M M / Y Y h h : m m 24hr	D D / M M / Y Y h h : m m 24hr

Part F: Further information

F1. Were any further investigations taken after becoming aware of the event? Yes ☐ No ☐

If Yes, please specify

F2. Is there any other relevant information? Yes ☐ No ☐

If Yes, please add anything else that you think we should know here

F3. As a result of this event was the trial intervention permanently discontinued? Yes ☐ No ☐

F4. As a result of this event was the baby withdrawn from the tial? Yes ☐ No ☐

If Yes, please complete Form 6.