Adverse event			
Start date			V1 Baseline: V2, 2 weeks V3, 6 Months Other
Severity  Mild  Moderate  Severe	Serious?  Yes* No	Related to Ultrasound scan? Definitely related Possibly related Not related Unable to assess	Ultrasound Scan interrupted as a result of this adverse event?  No Temporarily Permanently
Expected? (e.g. related to medication)  Yes  No	Outcome  Recovered Recovered with sequelae Ongoing Died	Related to temporal arterty biopsy?  Definitely related Possibly related Not related Unable to assess	Temporal arterty biopsy interrupted as a result of this adverse event?  No Temporarily Permanently
*Serious adverse events  Death Date - DD MM MYYYYY  Life or limb threatening event Hospitalisation required - No of days  Comment:			
Hospitalisation prolonged  Persistent or significant disablility / incapacity  Congenital abnormality  Other important medical event that may jeopardise the participant			
If the adverse event is serious please contact: 01865 737221 or 01865 227326 within 24 hours (or 07905211359 out of hours); fax this form to 01865 737640 or e-mail to <a href="mailto:tabul@ndorms.ox.ac.uk">tabul@ndorms.ox.ac.uk</a> and tick here to indicate this is done.			
Reporting person / position /			
Signature		Date of reporting	D D M M Y Y Y