

<u>DD</u> / <u>MMM</u> / <u>YYYY</u>				$\mu\text{mol/l}$ <input type="checkbox"/>
				mg/l <input type="checkbox"/>
<u>DD</u> / <u>MMM</u> / <u>YYYY</u>				$\mu\text{mol/l}$ <input type="checkbox"/>
				mg/l <input type="checkbox"/>
<u>DD</u> / <u>MMM</u> / <u>YYYY</u>				$\mu\text{mol/l}$ <input type="checkbox"/>
				mg/l <input type="checkbox"/>

PURPLE ALERT FORM (PAF)	Participant UTIN	Date
	___/___	DD / MMM / YYYY

If you receive a **purple alert** for this participant please complete serum AED levels below:

If you are using a pre-trial serum level (PTSL) for this participant at baseline please ensure you document this as the first serum level on this form.

Pre-trial Serum AED Level as trial target level (please tick one)	Date of blood test	Current AED	Total daily dose (mg)	Serum Level	
				Value	Unit
PPSL <input type="checkbox"/>	DD / MMM / YYYY				μmol/l <input type="checkbox"/> mg/l <input type="checkbox"/>
EPSL <input type="checkbox"/>					
Neither <input type="checkbox"/>					

IN TRIAL SERUM AED LEVELS				
Date of blood test	Most recent serum AED level (if available)			
	Current AED	Total daily dose (mg)	Serum Level	
			Value	Unit
DD / MMM / YYYY			μmol/l	<input type="checkbox"/>
			mg/l	<input type="checkbox"/>
DD / MMM / YYYY			μmol/l	<input type="checkbox"/>
			mg/l	<input type="checkbox"/>
DD / MMM / YYYY			μmol/l	<input type="checkbox"/>
			mg/l	<input type="checkbox"/>
DD / MMM / YYYY			μmol/l	<input type="checkbox"/>
			mg/l	<input type="checkbox"/>
DD / MMM / YYYY			μmol/l	<input type="checkbox"/>
			mg/l	<input type="checkbox"/>

<u>DD</u> / <u>MMM</u> / <u>YYYY</u>				μmol/l <input type="checkbox"/>
<u>DD</u> / <u>MMM</u> / <u>YYYY</u>				mg/l <input type="checkbox"/>
<u>DD</u> / <u>MMM</u> / <u>YYYY</u>				μmol/l <input type="checkbox"/>
<u>DD</u> / <u>MMM</u> / <u>YYYY</u>				mg/l <input type="checkbox"/>