ADVERSE EVENTS* FORM	Participant UTIN
	__ __/__ __ __

*Refer to SOP no. 4 (AE and Serious AE Reporting) for further actions required if participant experiences an **AE**.

Adverse event (AE)		**Date reported**	DD / MMM / YYYY
AE timeframe	**AE onset date** DD / MMM / YYYY	**AE end date**	DD / MMM / YYYY
Intensity	☐ Mild ☐ Moderate ☐ Severe	**Serious AE**	☐ Serious ☐ Non serious
Is the AE likely to be due to the intervention?	☐ Yes ☐ No	**Is the AE expected?** *Expected reactions will be found in SmPC (http://emc.medicines.org.uk/) and/or protocol.*	☐ Yes ☐ No
Outcome of AE	☐ Resolved ☐ Resolved with sequelae (*If yes, specify)* ☐ Improved ☐ Persisting ☐ Worsened ☐ Fatal (*if yes, specify date of death* DD / MMM / YYYY*)* ☐ Unknown		