MifeMiso

Mifepristone and misoprostol versus misoprostol alone in the medical management of missed miscarriage: the MifeMiso randomised controlled trial

Appendix IV: Case Report Forms

1. Randomisation

THIS PAPER WORKSHEET CAN BE USED TO CAPTURE INFORMATION PRIOR TO ENTRY ON THE ONLINE DATABASE

PART A: Eligibility criteria

	Yes	No
Woman diagnosed with a missed miscarriage by pelvic ultrasound scan?	☐	■
Missed miscarriage diagnosed in the first 13+6 weeks of pregnancy as calculated from first day of last menstrual period (if known)? If not known, use estimated gestational age calculated from ultrasound scan.	☐	■
Woman has opted for medical management of miscarriage?	☐	■
Woman is aged 16 years and over?	☐	■
Woman is willing and able to give informed consent?	☐	■
Woman is able to attend for day 6-7 ultrasound scan?	☐	■
Woman has opted for alternative methods of miscarriage management (expectant or surgical)?	■	☐
Woman diagnosed with an incomplete miscarriage?	■	☐
Woman has life-threatening bleeding?	■	☐
Woman has any contraindications to mifepristone or misoprostol use?*	■	☐
Woman is currently participating in another blinded, placebo-controlled trial of an investigational medicinal product in pregnancy?	■	☐
Woman has previously participated in the MifeMiso trial?	■	☐

A tick in a shaded box means that the woman is **NOT** eligible for participation in the MifeMiso trial

*Contraindications e.g. chronic adrenal failure, known hypersensitivity to either drug, haemorrhagic disorders and anticoagulant therapy, prosthetic heart valve or history of endocarditis, existing cardiovascular disease, severe asthma uncontrolled by therapy or inherited porphyria.

Name of person performing eligibility assessment: _____

☐ Tick to confirm eligibility has been verified by a medically qualified doctor and documented in the woman's notes

Name of medically qualified doctor: _____ Signature: _____ Date: *DD* / *MM* / *YYYY*

PART B: CONSENT

Has written consent been obtained from the woman? Yes ☐ No ■

Date informed consent taken: *DD* / *MM* / *YYYY* Informed Consent Form version: ___.___

PART C: IDENTIFICATION DETAILS

Randomising researcher: _____ Hospital: _____

Woman's initials: ☐☐ (forename and surname) Date of Birth: *DD* / *MM* / *YYYY*

NHS Number: _____ Hospital Number: _____

1. Randomisation

PART D: Medical details

Woman's weight: ☐☐☐.☐ kg Woman's height: ☐☐☐ cm

Is the woman nulliparous?* Yes ☐ No ☐

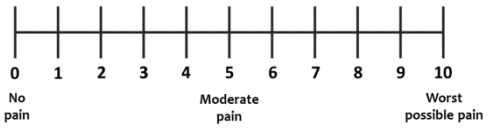
* Nulliparous is defined as a woman who has never carried a pregnancy beyond 24 weeks.

Were progesterone levels measured? Yes ☐ No ☐

If yes, state below:

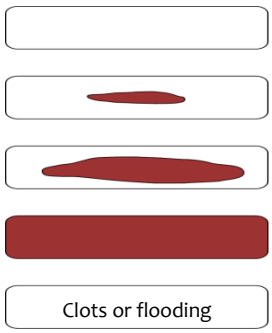
Progesterone: ☐☐ ng/ml

Current pregnancy-related pain score i.e abdominal/pelvic: (using pain scale, right) ☐ 0-10



Most amount of bleeding experienced during current pregnancy: ☐ 0-4

(using Pictorial Blood Assessment Chart scale, right)



No blood loss: 0

Light bleeding: 1

Moderate bleeding: 2

Heavy bleeding: 3

Clots or flooding: 4

Date of ultrasound diagnosing missed miscarriage: *DD / MM / YYYY*

Is the woman sure of the first day of her last menstrual period (LMP)?

Yes ☐ No ☐ → If no, does the woman know the number of weeks since the start of her LMP to her date of diagnosis?

If yes, state date of first day of LMP

DD / MM / YYYY

Yes ☐ No ☐

If yes, state number of weeks

☐☐ wks

Gestational age according to ultrasound scan **AT DIAGNOSIS:**

☐☐ wks ☐ days

1. Randomisation

Number of gestational sacs: ☐

↓ *Complete table below*

	Not applicable	Was sac measured?	Sac measurement 1 (mm)	Sac measurement 2 (mm)	Sac measurement 3 (mm)	Was Crown Rump Length (CRL) measured?	CRL (mm)	CRL unknown or N/A
Sac 1		Yes ☐ No ☐				Yes ☐ No ☐		Unknown ☐ N/A ☐
Sac 2	☐	Yes ☐ No ☐				Yes ☐ No ☐		Unknown ☐ N/A ☐
Sac 3	☐	Yes ☐ No ☐				Yes ☐ No ☐		Unknown ☐ N/A ☐

Randomisation

To randomise online please visit www.medscinet.net/mifemiso or call 0800 953 0274 (available 9am-5pm UK time, Monday—Friday except for bank holidays and university closed days).

Once you have randomised please note the Trial number, Pack number and Date of randomisation in Part E below

PART E: Treatment allocation

MifeMiso trial number: ☐☐☐☐ Pack number: ☐☐☐☐

Date of randomisation: DD / MM / YYYY

Completed by: _____ Signature: _____ Date: DD / MM / YYYY

You must have signed the Site Signature & Delegation Log

Thank you for randomising to the MifeMiso trial

2. Baseline medical data

THIS PAPER WORKSHEET CAN BE USED TO CAPTURE INFORMATION PRIOR TO ENTRY ON THE ONLINE DATABASE

Hospital: _____ Woman's initials: ☐☐ MifeMiso trial number: ☐☐☐☐

Part A: Ethnicity

Tick one option

British ☐	Any other mixed background ☐	African ☐
Irish ☐	Indian ☐	Any other black background ☐
Any other white background ☐	Pakistani ☐	Chinese ☐
White and Black Caribbean ☐	Bangladeshi ☐	Any other ethnic group ☐
White and Black African ☐	Any other Asian background ☐	Not known ☐
White and Asian ☐	Caribbean ☐	

Part B: Medical history

Is the woman currently taking any concomitant medication? Yes ☐ No ☐

↓ *If yes, please complete the table below.*

Drug name	Route of administration	Dose (inc. units)	Start date *(Tick if unknown)*	Indication
			DD / MM / YYYY ☐	
			DD / MM / YYYY ☐	
			DD / MM / YYYY ☐	
			DD / MM / YYYY ☐	

Does the woman have any of the following conditions?

	Yes	No		Yes	No
Diabetes	☐	☐	Chronic hypertension	☐	☐
Renal disease	☐	☐	Thyroid disease	☐	☐
Cardiac disease (congenital or acquired)	☐	☐	Cancer	☐	☐
			Other	☐	☐

If Other, please state: _____

If you have ticked yes to any of the above conditions, please give details:

_____

_____

_____

_____

2. Baseline medical data

MifeMiso trial number: ☐☐☐☐

Part C: Previous pregnancies

Has the woman had any previous pregnancies?

Yes ☐ No ☐

If yes, please provide the number of each type of previous pregnancy

Live birth	☐☐	Ectopic pregnancy	☐☐	Pregnancy of unknown location	☐☐
Stillbirth	☐☐	Molar pregnancy	☐☐		
Miscarriage	☐☐	Termination	☐☐		

Completed by: _____ Signature: _____ Date: *DD* / *MM* / *YYYY*

You must have signed the Site Signature & Delegation Log

3. Outcomes

THIS PAPER WORKSHEET CAN BE USED TO CAPTURE INFORMATION PRIOR TO ENTRY ON THE ONLINE DATABASE

Hospital: _____ Woman's initials: ☐☐ MifeMiso trial number: ☐☐☐☐

Section A. Mifepristone/placebo administration (Day 0)

Was the oral mifepristone/placebo (200mg) taken by the woman? Yes ☐ No* ☐

Date taken: *DD / MM / YYYY*

Reason:
- ☐ Woman changed her mind
- ☐ Sac already passed**
- ☐ Other

If Other, please state: _____

Section B: Misoprostol administration

Was misoprostol taken by the woman? Yes ☐ No* ☐

Reason:
- ☐ Woman did not attend hospital
- ☐ Sac already passed**
- ☐ Other

If Other, please state: _____

If yes, please complete the table below with all doses taken

	Date taken	Misoprostol dose (mcg)	Route of administration
1	*DD / MM / YYYY*		PV ☐ PO ☐ Sublingual ☐
2	*DD / MM / YYYY*		PV ☐ PO ☐ Sublingual ☐
3	*DD / MM / YYYY*		PV ☐ PO ☐ Sublingual ☐
4	*DD / MM / YYYY*		PV ☐ PO ☐ Sublingual ☐
5	*DD / MM / YYYY*		PV ☐ PO ☐ Sublingual ☐
6	*DD / MM / YYYY*		PV ☐ PO ☐ Sublingual ☐
7	*DD / MM / YYYY*		PV ☐ PO ☐ Sublingual ☐
8	*DD / MM / YYYY*		PV ☐ PO ☐ Sublingual ☐
9	*DD / MM / YYYY*		PV ☐ PO ☐ Sublingual ☐
10	*DD / MM / YYYY*		PV ☐ PO ☐ Sublingual ☐

* If no, please complete a deviation form (if misoprostol not taken at day 2 due to sac already passed, a deviation form does not need to be completed)

** If sac already passed, enter scan details in Section C

3. Outcomes

MifeMiso trial number: ☐☐☐☐

Section C. Ultrasound scan

Did the woman undergo scan(s) post-randomisation?

Yes ☐ No* ☐ → Reason: ☐ Woman did not attend hospital
☐ Other

If yes, please complete the table below with all scan details

If Other, please state: ____________________

Date of scan	Sac passed?	Heterogeneous echoes (blood clots or pregnancy tissue) within uterine cavity?	If yes, were measurements of tissue taken?	Maximum tissue measurement (mm)
DD / MM / YYYY	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
DD / MM / YYYY	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
DD / MM / YYYY	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
DD / MM / YYYY	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
DD / MM / YYYY	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
DD / MM / YYYY	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	

Has passage of the sac occurred but not been confirmed by an ultrasound scan (e.g. reported by the woman only)?

Yes ☐ No ☐

Date sac passed: DD / MM / YYYY

Section D. Pregnancy test result

Did the woman provide a pregnancy test result?

Yes ☐ No ☐ → Reason: ☐ Unable to contact woman
☐ Other

Date of test: DD / MM / YYYY

If Other, please state: ____________________

Result: ☐ Negative
☐ Positive

* If no, please complete a deviation form

3. Outcomes

MifeMiso trial number: ☐☐☐☐

Section E: Surgical intervention

Did the woman require surgical intervention to resolve their miscarriage? Yes ☐ No ☐ *If no, please proceed to Section F*

Date of surgery: *DD* / *MM* / *YYYY*

Type of surgery: ☐ Manual Vacuum Aspiration
☐ Surgical Management of Miscarriage

Reason for surgery:
- Pregnancy tissue remaining: Yes ☐ No ☐
- Significant bleeding: Yes ☐ No ☐
- Other: Yes ☐ No ☐

If Other, please state: _____

Outcome of surgery: Complicated ☐ Uncomplicated ☐

If complicated, please tick reasons for complication below

- Bleeding at surgery: Yes ☐ No ☐
- Uterine damage: Yes ☐ No ☐
- Need for more extensive surgical intervention: Yes ☐ No ☐

Please provide further details: _____

_____

_____

- Other: Yes ☐ No ☐

If Other, please state: _____

Section F. Clinical outcomes until discharge

Date woman reported that bleeding started: *DD* / *MM* / *YYYY* Date woman reported that bleeding stopped: *DD* / *MM* / *YYYY*

Date of final discharge from EPU care (following a negative pregnancy test) : *DD* / *MM* / *YYYY*

Did the woman require a blood transfusion from randomisation up until discharge from EPU care? ☐ Yes ☐ No

Was the woman diagnosed with an infection that was associated with miscarriage? ☐ Yes ☐ No

If yes, answer these three questions

- Were they treated as an outpatient? ☐ Yes ☐ No
- Were they treated as an inpatient? ☐ Yes ☐ No
- Was the woman prescribed antibiotics for the infection? ☐ Yes ☐ No

3. Outcomes

MifeMiso trial number: ☐☐☐☐

Section G. Hospital visits between randomisation and discharge from EPU care

PLEASE ONLY RECORD HOSPITAL VISITS RELATING TO MISCARRIAGE TREATMENT AND FOLLOW-UP

DO NOT INCLUDE PROTOCOL DEFINED VISITS (e.g. day 2 misoprostol administration, USS at day 6-7)

		Tick if unknown			Tick if unknown
Total number of hospital visits*	☐☐	☐	Number of inpatient admissions	☐☐	☐
How many of these were emergency visits**	☐☐	☐	Number of nights spent in hospital	☐☐	☐
Number of outpatient admissions e.g. additional doses of misoprostol	☐☐	☐			

* Record every visit appointment that the woman had to hospital between randomisation and discharge from EPU care

* *An emergency visit is defined as any visit to hospital that was not planned as a part of standard care

Section H. Concomitant medication

Has the woman taken any concomitant medication between randomisation and discharge? Yes ☐ No ☐

↓ *If yes, please complete the table below.*

Drug name	Route of administration	Dose (inc. units)	Start date	Ongoing?	Stopped date	Indication
			DD / MM / YYYY	Yes ☐ No ☐	DD / MM / YYYY	
			DD / MM / YYYY	Yes ☐ No ☐	DD / MM / YYYY	
			DD / MM / YYYY	Yes ☐ No ☐	DD / MM / YYYY	
			DD / MM / YYYY	Yes ☐ No ☐	DD / MM / YYYY	
			DD / MM / YYYY	Yes ☐ No ☐	DD / MM / YYYY	
			DD / MM / YYYY	Yes ☐ No ☐	DD / MM / YYYY	
			DD / MM / YYYY	Yes ☐ No ☐	DD / MM / YYYY	
			DD / MM / YYYY	Yes ☐ No ☐	DD / MM / YYYY	
			DD / MM / YYYY	Yes ☐ No ☐	DD / MM / YYYY	
			DD / MM / YYYY	Yes ☐ No ☐	DD / MM / YYYY	
			DD / MM / YYYY	Yes ☐ No ☐	DD / MM / YYYY	
			DD / MM / YYYY	Yes ☐ No ☐	DD / MM / YYYY	
			DD / MM / YYYY	Yes ☐ No ☐	DD / MM / YYYY	
			DD / MM / YYYY	Yes ☐ No ☐	DD / MM / YYYY	
			DD / MM / YYYY	Yes ☐ No ☐	DD / MM / YYYY	

Completed by: ______________________ Signature: ______________________ Date: DD / MM / YYYY

You must have signed the Site Signature & Delegation Log

AE form

THIS PAPER WORKSHEET CAN BE USED TO CAPTURE INFORMATION PRIOR TO ENTRY ON THE ONLINE DATABASE

Hospital: _____ Woman's initials: ☐☐ MifeMiso trial number: ☐☐☐☐

Start date: DD / MM / YYYY ☐ Unknown

End date: DD / MM / YYYY ☐ Unknown ☐ Tick if ongoing

CTCAE category*		Severity*	Causality*
☐☐	Symptom (refer to CTCAE): _____	☐	☐
☐☐	Symptom (refer to CTCAE): _____	☐	☐
☐☐	Symptom (refer to CTCAE): _____	☐	☐
☐☐	Symptom (refer to CTCAE): _____	☐	☐
☐☐	Symptom (refer to CTCAE): _____	☐	☐

*** Refer to back page for codes**

Description of events

_____

_____

_____

_____

_____

_____

_____

Did this adverse event result in maternal death? ☐ Yes ☐ No

Date of death: DD / MM / YYYY

Cause of death: _____

Is this a Serious Adverse Event? ☐ Yes ☐ No *If yes, complete a Serious Adverse Event form*

Completed by: _____

Signature: _____ Date: DD / MM / YYYY

You must have signed the Site Signature & Delegation Log

Symptom

Code	CTCAE category (from v4.0)
01	Blood and lymphatic system disorders
02	Cardiac disorders
03	Congenital, familial and genetic disorders
04	Ear and labyrinth disorders
05	Endocrine disorders
06	Eye disorders
07	Gastrointestinal disorders
08	General disorders and administration site conditions
09	Hepatobiliary disorders
10	Immune system disorders
11	Infections and infestations
12	Injury, poisoning and procedural complications
13	Investigations
14	Metabolism and nutrition disorders
15	Musculoskeletal and connective tissue disorders
16	Neoplasms benign, malignant and unspecified (incl cysts and polyps)
17	Nervous system disorders
18	Pregnancy, puerperium and perinatal conditions
19	Psychiatric disorders
20	Renal and urinary disorders
21	Reproductive system and breast disorders
22	Respiratory, thoracic and mediastinal disorders
23	Skin and subcutaneous tissue disorders
24	Social circumstances
25	Surgical and medical procedures
26	Vascular disorders

Severity*

Code	Category	Definition
1	Grade 1	Mild; asymptomatic or mild symptoms; clinical or diagnostic observations only; intervention not indicated.
2	Grade 2	Moderate; minimal, local or non-invasive intervention indicated; limiting age-appropriate instrumental activities of daily living (ADL)*.
3	Grade 3	Severe or medically significant but not immediately life-threatening; hospitalisation or prolongation of hospitalisation indicated; disabling; limiting self-care activities of daily living (ADL)**.
4	Grade 4	Life-threatening consequences; urgent intervention indicated.
5	Grade 5	Death related to AE.

*** Only AEs graded 3, 4 or 5 need to be reported for the MifeMiso trial**

Causality

Code	Category	Definition
1	Unrelated	There is no evidence of any causal relationship.
2	Unlikely to be related	There is little evidence to suggest there is a causal relationship (e.g., the event did not occur within a reasonable time after administration of the trial medication). There is another reasonable explanation for the event (e.g., the patient's clinical condition, other concomitant treatments).
3	Possibly related	There is some evidence to suggest a causal relationship (e.g., the event occurred within a reasonable time after administration of the trial medication). However, the influence of other factors may have contributed to the event (e.g., the patient's clinical condition, other concomitant events).
4	Probably related	There is evidence to suggest a causal relationship, and the influence of other factors is unlikely.
5	Definitely related	There is clear evidence to suggest a causal relationship, and other possible contributing factors can be ruled out.

Hospital: _____

Deviation form

EudraCT number: 2016-005097-35

Sponsor: University of Birmingham

Details of deviation

Date of deviation: *DD / MM / YYYY*

Date team became aware of the deviation: *DD / MM / YYYY*

Summary of deviation:

Does the deviation relate to:	Patient safety	Yes ☐	No ☐
	Approval issues	Yes ☐	No ☐
	IMP	Yes ☐	No ☐
	Scientific value/data credibility	Yes ☐	No ☐
	A failure to comply with the applicable regulations/GCP	Yes ☐	No ☐
	Non-compliance with the trial protocol	Yes ☐	No ☐
	Non-compliance with the BCTU QMS system	Yes ☐	No ☐
	Other non-compliance (please state):	Yes ☐	No ☐

Completed by: Signature: Date: *DD / MM / YYYY*

You must have signed the Site Signature & Delegation Log

FOR BCTU USE ONLY			
Is the deviation likely to affect to a significant degree:	The safety or physical or mental integrity of subjects in the trial?	Yes ☐ (potential serious breach)	No ☐
	The scientific value of the trial?	Yes ☐ (potential serious breach)	No ☐
Remedial action taken:			

	Name	**Job title**	**Signature**	**Date**
Completed by:				*DD / MM / YYYY*
Reviewed by:				*DD / MM / YYYY*
Approved by:				*DD / MM / YYYY*

Primary Outcome Review form

MifeMiso trial number: ☐☐☐☐

Date of randomisation: *DD* / *MM* / *YYYY*

Day 7 post-randomisation date: *DD* / *MM* / *YYYY*

Participant summary from self-report information:

Summary of committee discussions:

Note: In order for a participant's data to be included in the derivation of the primary outcome the committee must unanimously agree 1) that there is sufficient information available to confirm the primary outcome has been achieved and 2) whether the sac was passed or not spontaneously by day 7 post-randomisation

Primary outcome definition: Failure to spontaneously pass the gestational sac within 7 days after randomisation. This will be assessed by pelvic ultrasonography where possible

Does the Committee unanimously agree that there is sufficient information available to confirm the primary outcome has been achieved? Yes ☐ No ☐

↓

Does the Committee unanimously agree whether the sac was passed or not spontaneously by day 7 post-randomisation? Yes ☐ No ☐

↓

Was the sac passed spontaneously by day 7 post-randomisation? Yes ☐ No ☐

↓

Does the Committee unanimously agree on the date sac passed? Yes ☐ No ☐

↓

Date sac passed: *DD* / *MM* / *YYYY*

SAE clinical evaluation form

TO BE COMPLETED BY THE CHIEF INVESTIGATOR OR NAMED DELEGATE

SAE ref no.: ☐☐☐☐/☐☐ ☐ Initial report ☐ Follow-up report

Date reported to trial office	Date reported to C.I	Date reply received from C.I
DD / MM / YYYY	DD / MM / YYYY	DD / MM / YYYY

Causality assessment (must be made with reference to the relevant safety information)

ASSUME THAT ALL PATIENTS ARE TAKING MIFEPRISTONE

Intervention	Review of causality assessment		Assessment of expectedness if causality is related to IMP	
Mifepristone	Unrelated ☐	Possibly related ☐	Expected ☐	Unexpected ☐
	Unlikely to be related ☐	Probably related ☐		
		Definitely related ☐		

If the evaluator's review disagrees with the PI's assessment, please state why you disagree with the PI assessment:

Evaluator name:		**Evaluator signature:**	
Date of evaluation:	DD / MM / YYYY		

FOR BCTU USE ONLY

Event categorised as: SAE ☐ SAR ☐ Fatal/Life threatening SUSAR ☐ Non-fatal/Non-life threatening SUSAR ☐

Does this event require expedited reporting to:	Yes	No	Date sent	Reporting timeframe met? Yes	No
Competent authority	☐	☐	DD / MM / YYYY	☐	☐
Ethics committee	☐	☐	DD / MM / YYYY	☐	☐
Sponsor	☐	☐	DD / MM / YYYY	☐	☐

Completed by at BCTU:		**Signature:**	
Date of categorisation:	DD / MM / YYYY		

SAE form

Woman's initials: ☐☐ Date of birth: DD / MM / YYYY

Hospital: _____ MifeMiso trial number: ☐☐☐☐

Report type

Initial report ☐

Follow-up report ☐ → SAE ref no.: ☐☐☐☐/☐☐

Has the new information changed the relatedness? Yes ☐ No ☐

PI signature (or deputy): _____ Date signed: DD / MM / YYYY

Is this the final report? Yes ☐ No ☐

Event information

	Yes	No	
Death	☐	☐	→ If yes, date of death: DD / MM / YYYY If yes, cause of death: _____
Life threatening event	☐	☐	
In-patient hospitalisation or prolongation of existing hospitalisation	☐	☐	→ Total number of days: ☐☐
Persistent or significant disability/incapacity	☐	☐	
Other pertinent medical reason for reporting?	☐	☐	→ Details: _____

Date of onset	Date became aware	Date became serious	Date resolved	
DD / MM / YYYY	DD / MM / YYYY	DD / MM / YYYY	DD / MM / YYYY	☐ Tick if ongoing

If resolved, please provide the outcome assessment:

Resolved - no sequelae ☐

Resolved - with sequelae ☐ → Details: _____

Death ☐

Please describe the latest outcome of the event at the time of your initial report:

_____

_____

_____

Is the event related to the trial intervention?
(tick only one option)

- ☐ Unrelated
- ☐ Unlikely to be related
- ☐ Possibly related
- ☐ Probably related
- ☐ Definitely related

If unrelated, what do you think the cause of the event was? _____

_____

_____

_____

SAE form

MifeMiso trial number: ☐☐☐☐

SAE ref no (if follow up report).: ☐☐☐☐/☐☐

Action taken due to the SAE

- ☐ None
- ☐ Treatment stopped
- ☐ Treatment delayed

CTCAE category*		Severity*	Indicate which event became serious (tick one only)
☐☐	Symptom (refer to CTCAE): _____	☐	☐
☐☐	Symptom (refer to CTCAE): _____	☐	☐
☐☐	Symptom (refer to CTCAE): _____	☐	☐

*** Refer to final page for codes**

Diagnosis: _____

_____

Trial intervention summary

Intervention	Intervention type	Route of administration	Dose (inc. units)	Date intervention taken	Did the event abate on stopping the intervention?
Mifepristone	IMP	PO		DD / MM / YYYY	Yes ☐ No ☐
Misoprostol	NIMP			DD / MM / YYYY	Yes ☐ No ☐

Concomitant medication

Has the woman taken any other drugs which may interact with the intervention or influence the SAE? Yes ☐ No ☐

State which drugs may have interacted with or influenced the SAE in the table below:

Drug name	Route of administration*	Dose (inc. units)	Start date	Ongoing?	Stopped date	Indication
			DD / MM / YYYY	Yes ☐ No ☐	DD / MM / YYYY	
			DD / MM / YYYY	Yes ☐ No ☐	DD / MM / YYYY	
			DD / MM / YYYY	Yes ☐ No ☐	DD / MM / YYYY	
			DD / MM / YYYY	Yes ☐ No ☐	DD / MM / YYYY	

*** Refer to final page for codes**

SAE form

MifeMiso trial number: ☐☐☐☐

SAE ref no (if follow up report).: ☐☐☐☐/☐☐

Relevant medical history

***List** any underlying **comorbidities or lab tests and investigations that are relevant**. (Where investigations or lab tests are appended, please ensure identifiers are replaced with trial number only). Use narrative:*

Reporting person **Name:** **Signature:**		**Principal investigator (PI) (or deputy)** **Name:** **Signature:**	
Date of reporting:	DD / MM / YYYY	**Date PI/deputy signed:**	DD / MM / YYYY
		PI countersignature (if not signed above) **Name:** **Signature:**	
		Date PI countersigned:	DD / MM / YYYY

Symptom

Code	CTCAE category (from v4.0)
01	Blood and lymphatic system disorders
02	Cardiac disorders
03	Congenital, familial and genetic disorders
04	Ear and labyrinth disorders
05	Endocrine disorders
06	Eye disorders
07	Gastrointestinal disorders
08	General disorders and administration site conditions
09	Hepatobiliary disorders
10	Immune system disorders
11	Infections and infestations
12	Injury, poisoning and procedural complications
13	Investigations
14	Metabolism and nutrition disorders
15	Musculoskeletal and connective tissue disorders
16	Neoplasms benign, malignant and unspecified (incl cysts and polyps)
17	Nervous system disorders
18	Pregnancy, puerperium and perinatal conditions
19	Psychiatric disorders
20	Renal and urinary disorders
21	Reproductive system and breast disorders
22	Respiratory, thoracic and mediastinal disorders
23	Skin and subcutaneous tissue disorders
24	Social circumstances
25	Surgical and medical procedures
26	Vascular disorders

Route of administration

Code	Route
1	Oral
2	IV
3	Subcutaneous
4	Other

Severity

Code	Category	Definition
1	Grade 1	Mild; asymptomatic or mild symptoms; clinical or diagnostic observations only; intervention not indicated.
2	Grade 2	Moderate; minimal, local or non-invasive intervention indicated; limiting age-appropriate instrumental activities of daily living (ADL)*.
3	Grade 3	Severe or medically significant but not immediately life-threatening; hospitalisation or prolongation of hospitalisation indicated; disabling; limiting self-care activities of daily living (ADL)**.
4	Grade 4	Life-threatening consequences; urgent intervention indicated.
5	Grade 5	Death related to AE.

Causality

Code	Category	Definition
1	Unrelated	There is no evidence of any causal relationship.
2	Unlikely to be related	There is little evidence to suggest there is a causal relationship (e.g., the event did not occur within a reasonable time after administration of the trial medication). There is another reasonable explanation for the event (e.g., the patient's clinical condition, other concomitant treatments).
3	Possibly related	There is some evidence to suggest a causal relationship (e.g., the event occurred within a reasonable time after administration of the trial medication). However, the influence of other factors may have contributed to the event (e.g., the patient's clinical condition, other concomitant events).
4	Probably related	There is evidence to suggest a causal relationship, and the influence of other factors is unlikely.
5	Definitely related	There is clear evidence to suggest a causal relationship, and other possible contributing factors can be ruled out.