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|  |  |  |  |  |  |
| **[ ]  NONE** |
| **Adverse Events (AEs)**  | **Onset** | **Resolution**  | **Severity**(Select One) | **Action Taken**(Select One) | **Outcome**(Select One) |
| Date(DD/MMM/YY) | Date(DD/MMM/YY) | M = MildD = ModerateS = Severe | N = NoneM = MedicationT = Non-drug therapyH = Hospitalized | R = ResolvedS = Resolved with SequelaeO = OngoingD = DiedU = Unknown |
|  |  |
| **1.** Serious Adverse Event (SAE)? [ ] Yes [ ] No If yes, \_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |
|  |  |
|  |  |  |  |  |  |  |  |  |
| **2.**Serious Adverse Event (SAE)? [ ] Yes [ ]  No If yes, \_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |
|  |  |
|  |  |  |  |  |  |  |  |  |
| **3.**Serious Adverse Event (SAE)? [ ] Yes [ ]  No If yes, \_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |
|  |  |
|  |  |  |  |  |  |  |  |  |
| **4.**Serious Adverse Event (SAE)? [ ] Yes [ ]  No If yes, \_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |