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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 = Mild  D = Moderate  S = Severe | | | N = None  M = Medication  T = Non-drug therapy  H = Hospitalized | | | R = Resolved  S = Resolved with Sequelae  O = Ongoing  D = Died  U = Unknown | | |
|  | |  | | |
| **1.**    Serious Adverse Event (SAE)? Yes No  If yes, \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  | |  | | |  | | |  | | |  | | |
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| **2.**  Serious Adverse Event (SAE)? Yes  No  If yes, \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  | |  | | |  | | |  | | |  | | | |  | |
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| **3.**  Serious Adverse Event (SAE)? Yes  No  If yes, \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  | |  | | |  | | |  | | |  | | | |  | |
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| **4.**  Serious Adverse Event (SAE)? Yes  No  If yes, \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  | |  | | |  | | |  | | |  | | | |  | |
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