



SERIOUS ADVERSE EVENT FAX COVER SHEET

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Please provide following details:

Name of person reporting: _____
Hospital: _____
Telephone No.: _____
Fax No.: _____

Patient Trial number:

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SAE Reference No. if follow-up of previously reported event: SA3002

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Is the form complete?

No

☐

Yes

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*Please note reason for reporting, causality, description of event, date of onset & overall severity are mandatory fields. This data must be provided or the SAE forms will not be accepted. Please provide follow-up information until resolution of the event.

Number of pages sent:

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To be completed by VORTEX Trial Co-ordinator

I acknowledge receipt of the aforementioned Serious Adverse Event

I confirm that this is an:

Initial report

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SAE Ref.No. SA3002

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Follow-up report

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Signature: _____

Date:

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(dd/mon/yyyy)