SERIOUS ADVERSE EVENT REPORT

CRASH-2 Clinical Randomisation of an Antifibrinolytic in Significant Haemorrhage

THIS FORM IS FOR REGISTERING ALL ADVERSE REACTIONS THAT ARE **SUSPECTED TO BE RELATED TO THE STUDY MEDICINE.**
In the first instance, please telephone immediately +44(0)1865 240972 and provide all the details below.
A written report must be faxed to CRASH Trials Co-ordinating Centre, +44(0)20 7299 4663, within 24 hours.

1. NAME OF RESPONSIBLE CLINICIAN (PLEASE PRINT):

Name | Position | Telephone

Hospital

2. PATIENT DETAILS

Patient Initials | Patient ID

Sex (please circle) **M F** | Date of Birth / / (day/month/year)

Box and treatment pack number allocated at entry: Box | Pack

Date randomised / / (day/month/year)

3. OUTCOME (TICK ONE BOX AND GIVE DATE) Date / /

☐ Resulted in death	☐ Life threatening	☐ Prolongation of hospitalisation	☐ Persistent or significant disability	☐ Other (not covered by categories but, in the investigator's opinion, should be considered serious)

4. ADVERSE EVENT DETAILS

Date of onset / / | Time of onset (24h clock) : | End date / /

Please describe the adverse event:

Please state why you suspect the adverse event to be related to the study drug:

How likely do you think this event was trial drug related? (0 - 100%) %

Signature | Date