



Biomarker-guided antibiotic duration for sepsis

# Note to File

Participant Trial Number:

Participant Initials:

Site:

**1 DATE OF EVENT:**

-    -

**2 DETAILS OF EVENT: (Please give as much information as possible)**

FORM COMPLETED BY (PRINT NAME): \_\_\_\_\_

*(Please note: your name must be on the trial delegation log)*

SIGNATURE: \_\_\_\_\_

DATE SIGNED:

-    -