Serious Adverse Event Continuation Form

Participant Trial Number: ☐☐☐☐☐ Participant Initials: ☐☐☐

Randomising Site:_____

SAE Reference No: ☐

Please Scan Immediately to the RACER Coordinating Centre: RACER@warwick.ac.uk

Is there additional SAE information available relevant to this SAE report? Yes ☐ No ☐

(If Yes please complete below)

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*(Please note your name **must** be on the trial delegation log to sign this form)*

Clinician assessing causality (print name):_____

Signature: _____**Date Signed:** d d – m o n – y y y y

Form completed by (print name):_____

Signature: _____**Date Signed:** d d – m o n – y y y y