

Serious Adverse Event Continuation Form

SAE Reference no.
Trial office use only

TNO:

Age at Onset:

Site:

**Please email immediately to the RECOVERY-Respiratory Care Coordinating Centre at:
WCTUQA@warwick.ac.uk and RECOVERY-RS@warwick.ac.uk**

A. THIS REPORT RELATES TO THE ADVERSE EVENT DEEMED SERIOUS ON:

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(Date must match to that stated in Section B of Initial Report)

SAE form section:	Additional information (according to section)

Reporting Clinician (print name): _____

Signature: _____

(Please note: you must have read appropriate training slides and signed online training form prior to completing SAE form)

Date signed:

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Form completed by (print name): _____

Signature: _____

Date signed:

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Completion Guidelines for CRF 15 Serious Adverse Event Continuation Form**Please complete this form if you run out of space on either Initial or Follow-up SAE forms**

At the top of the form is a space to write the date that the event became serious according to the original SAE form. This date must match the date on the original form so we are able to match up the additional information to the correct event. Please also indicate if this is a continuation of the initial report or the follow-up report.

SAE Form section: Write in this box the section reference to which the information continues from on the original SAE form .

Additional information (according to section): This section allows you to write the additional information you have about the SAE. Please give the information in the format suggested on the original SAE form.