

CRF 10 - ADVERSE EVENT FINAL EVALUATION FORM

A1. Participant's ID number C C C - C C C C

A2. Center _____

AF0. Research staff completing the form _____

ADVERSE EVENT FINAL EVALUATION

AF1. Event number C C C C

AF2. Date of completion of CRF10 C C C C C C C C C C
D D M M M Y Y Y Y

AF3. Was this considered an adverse event by the study team? Yes (go to AF5) No (go to AF4, then STOP)

AF4. **If NO**, which is the action regarding study medication? (choose one)

Treating team does not think this was an adverse event and study medication is restarted.
(STOP HERE)

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A1. Participant's ID number **C C C - C C C C**

A2. Center _____

