

CRF 9 - ADVERSE EVENT INITIAL EVALUATION FORM

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

A2. Center _____

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DESCRIPTION OF ADVERSE EVENT AND INVESTIGATIONS DONE

Which was the most important reason for stopping study medication*? (choose one or more, as applies)

Which of the following MANDATORY TESTS were undertaken for this event? (choose all that applies except if differently specified)

Death (A15)

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A1.Participant'