


Protocol No: VHCRP1701	Participant number	Participant initials	
	1701-□□□□□-□□	□□□□ E.g. <u>Smith</u> John SMJO	

### Adverse Events log\*

Event name	Start Date (dd/mm/yyyy)	Stop Date (dd/mm/yyyy)	Severity (1-Mild; 2-Moderate; 3-Severe; 4-Potentially life threatening)	Action (1-Drug withdrawn; 2-Drug interrupted; 3-Drug not changed; 4-Unknown; 5-Not applicable)	Relationship to GLE/PIB (1-Not related; 2-Unlikely; 3-Possibly; 4-Probably)	Outcome (1-Resolved; 2-Unresolved; 3-Death)	Is this AE a SAE? (if yes complete the SAE form)	Investigator review (sign/date)
							Yes <input type="checkbox"/> No <input type="checkbox"/>	
							Yes <input type="checkbox"/> No <input type="checkbox"/>	
							Yes <input type="checkbox"/> No <input type="checkbox"/>	
							Yes <input type="checkbox"/> No <input type="checkbox"/>	
							Yes <input type="checkbox"/> No <input type="checkbox"/>	
							Yes <input type="checkbox"/> No <input type="checkbox"/>	
							Yes <input type="checkbox"/> No <input type="checkbox"/>	

\*AEs reported during phone contacts (Week4 and EOT) and recorded in the Phone-based Visit questionnaire do not need to be recorded in this log.