No.	Item Description	Data Value
This CRF should only be completed if the subject experiences a Serious Adverse Event (SAE) . You can print additional copies of this form, as needed, from WebDCU. **This form must be data entered and submitted in WebDCU within 24 hours.**	
1	Name of the adverse event DB Name: [Q01]	*(100 char.)*
2	If serious, why? DB Name: [Q02]	○ 1 - Resulted in death ○ 2 - Is life-threatening ○ 3 - Requires hospitalization / prolongation of hospitalization ○ 4 - Resulted in a persistent or significant disability/incapacity
3	Date of hospital admission: DB Name: [Q03]	📅 *(dd-mmm-yyyy) Complete*
4	Date of hospital discharge: DB Name: [Q04]	📅 *(dd-mmm-yyyy) Complete*
5	Severity: Refer to NCI Common Terminology Criteria for Adverse Events (CTCAE) in EPISOD MoP. DB Name: [Q05]	○ 1 - Mild ○ 2 - Moderate ○ 3 - Severe ○ 4 - Life threatening / Disabling ○ 5 - Death related to AE / Fatal
6	Date of AE onset DB Name: [Q06]	📅 *(dd-mmm-yyyy) Complete*
7	Outcome of the AE: DB Name: [Q07]	○ 1 - AE resolved ○ 2 - AE's severity increased/decreased ○ 3 - AE is continuing ○ 4 - Patient died before AE resolved
8	Date of resolution or date that the AE's severity increased/decreased: DB Name: [Q08]	📅 *(dd-mmm-yyyy) Complete*
9	Describe the event in detail: Include a description of what happened and a summary of all relevant clinical information (medical status prior to the event, signs and/or symptoms, differential diagnosis for the event in question, clinical course, treatment outcome, etc) DO NOT identify any subject, physician, or institution by name. DB Name: [Q09]	*(2500 char.)*

10	I attest that this SAE was reviewed by the site's PI or designee. DB Name: [Q10]	○ 0 - No ○ 1 - Yes
11	Date of PI / Designee review: DB Name: [Q11]	📅 *(dd-mmm-yyyy) Complete*
B	General Comments DB Name: [zNotes]	*(500 char.)*