



Patient Number

Date of report     
month day year

C. Adverse Event Summary

\* For each serious adverse event, complete the Serious Adverse Event Report (Form E06).

Event #	Adverse Event	Onset Date	Date Resolved	Was the event serious?	On coded medication?	Relationship to coded medication	Interrupted or stopped?	If YES, Which medication?
				1 = YES* 2 = NO	1 = YES 2 = NO If YES, continue >	1 = no 2 = possibly 3 = probably 4 = unknown	1 = YES 2 = NO	1 = doxazosin 2 = finasteride 3 = both
1.	Short Description <b>(ZGCAE1)</b>	<input type="text"/> <input type="text"/> <input type="text"/> <small>month day year</small>	<input type="text"/> <input type="text"/> <input type="text"/> <small>month day year</small>	(ZSER1)	(ZCMED1)	(ZREL1)	(ZINT1)	(ZSMED1)
	COSTART Term <b>(ZCOST1)</b>	(ZODT1)	OR <b>(ZRSDD1)</b> Continuing? <input type="checkbox"/> <small>(ZCONT1)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Short Description <b>(ZGCAE2)</b>	<input type="text"/> <input type="text"/> <input type="text"/> <small>month day year</small>	<input type="text"/> <input type="text"/> <input type="text"/> <small>month day year</small>	(ZSER2)	(ZCMED2)	(ZREL2)	(ZINT2)	(ZSMED2)
	COSTART Term <b>(ZCOST2)</b>	(ZODT2)	OR <b>(ZRSDD2)</b> Continuing? <input type="checkbox"/> <small>(ZCONT2)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Short Description <b>(ZGCAE3)</b>	<input type="text"/> <input type="text"/> <input type="text"/> <small>month day year</small>	<input type="text"/> <input type="text"/> <input type="text"/> <small>month day year</small>	(ZSER3)	(ZCMED3)	(ZREL3)	(ZINT3)	(ZSMED3)
	COSTART Term <b>(ZCOST3)</b>	(ZODT3)	OR <b>(ZRSDD3)</b> Continuing? <input type="checkbox"/> <small>(ZCONT3)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Short Description <b>(ZGCAE4)</b>	<input type="text"/> <input type="text"/> <input type="text"/> <small>month day year</small>	<input type="text"/> <input type="text"/> <input type="text"/> <small>month day year</small>	(ZSER4)	(ZCMED4)	(ZREL4)	(ZINT4)	(ZSMED4)
	COSTART Term <b>(ZCOST4)</b>	(ZODT4)	OR <b>(ZRSDD4)</b> Continuing? <input type="checkbox"/> <small>(ZCONT4)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Short Description <b>(ZGCAE5)</b>	<input type="text"/> <input type="text"/> <input type="text"/> <small>month day year</small>	<input type="text"/> <input type="text"/> <input type="text"/> <small>month day year</small>	(ZSER5)	(ZCMED5)	(ZREL5)	(ZINT5)	(ZSMED5)
	COSTART Term <b>(ZCOST5)</b>	(ZODT5)	OR <b>(ZRSDD5)</b> Continuing? <input type="checkbox"/> <small>(ZCONT5)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Short Description <b>(ZGCAE6)</b>	<input type="text"/> <input type="text"/> <input type="text"/> <small>month day year</small>	<input type="text"/> <input type="text"/> <input type="text"/> <small>month day year</small>	(ZSER6)	(ZCMED6)	(ZREL6)	(ZINT6)	(ZSMED6)
	COSTART Term <b>(ZCOST6)</b>	(ZODT6)	OR <b>(ZRSDD6)</b> Continuing? <input type="checkbox"/> <small>(ZCONT6)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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7.	Short Description <b>(ZGCAE7)</b>	<input type="text"/> <input type="text"/> <input type="text"/> <small>month day year</small>	<input type="text"/> <input type="text"/> <input type="text"/> <small>month day year</small>	<b>(ZSER7)</b>	<b>(ZCMED7)</b>	<b>(ZREL7)</b>	<b>(ZINT7)</b>	<b>(ZSMED7)</b>
	COSTART Term <b>(ZCOST7)</b>	<b>(ZODT7)</b>	OR <b>(ZRSdT7)</b> Continuing? <input type="checkbox"/> <b>(ZCONT7)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Short Description <b>(ZGCAE8)</b>	<input type="text"/> <input type="text"/> <input type="text"/> <small>month day year</small>	<input type="text"/> <input type="text"/> <input type="text"/> <small>month day year</small>	<b>(ZSER8)</b>	<b>(ZCMED8)</b>	<b>(ZREL8)</b>	<b>(ZINT8)</b>	<b>(ZSMED8)</b>
	COSTART Term <b>(ZCOST8)</b>	<b>(ZODT8)</b>	OR <b>(ZRSdT8)</b> Continuing? <input type="checkbox"/> <b>(ZCONT8)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Short Description <b>(ZGCAE9)</b>	<input type="text"/> <input type="text"/> <input type="text"/> <small>month day year</small>	<input type="text"/> <input type="text"/> <input type="text"/> <small>month day year</small>	<b>(ZSER9)</b>	<b>(ZCMED9)</b>	<b>(ZREL9)</b>	<b>(ZINT9)</b>	<b>(ZSMED9)</b>
	COSTART Term <b>(ZCOST9)</b>	<b>(ZODT9)</b>	OR <b>(ZRSdT9)</b> Continuing? <input type="checkbox"/> <b>(ZCONT9)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Short Description <b>(ZGCAE10)</b>	<input type="text"/> <input type="text"/> <input type="text"/> <small>month day year</small>	<input type="text"/> <input type="text"/> <input type="text"/> <small>month day year</small>	<b>(ZSER10)</b>	<b>(ZCMED10)</b>	<b>(ZREL10)</b>	<b>(ZINT10)</b>	<b>(ZSMED10)</b>
	COSTART Term <b>(ZCOST10)</b>	<b>(ZODT10)</b>	OR <b>(ZRSdT10)</b> Continuing? <input type="checkbox"/> <b>(ZCONT10)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Short Description <b>(ZGCAE11)</b>	<input type="text"/> <input type="text"/> <input type="text"/> <small>month day year</small>	<input type="text"/> <input type="text"/> <input type="text"/> <small>month day year</small>	<b>(ZSER11)</b>	<b>(ZCMED11)</b>	<b>(ZREL11)</b>	<b>(ZINT11)</b>	<b>(ZSMED11)</b>
	COSTART Term <b>(ZCOST11)</b>	<b>(ZODT11)</b>	OR <b>(ZRSdT11)</b> Continuing? <input type="checkbox"/> <b>(ZCONT11)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Short Description <b>(ZGCAE12)</b>	<input type="text"/> <input type="text"/> <input type="text"/> <small>month day year</small>	<input type="text"/> <input type="text"/> <input type="text"/> <small>month day year</small>	<b>(ZSER12)</b>	<b>(ZCMED12)</b>	<b>(ZREL12)</b>	<b>(ZINT12)</b>	<b>(ZSMED12)</b>
	COSTART Term <b>(ZCOST12)</b>	<b>(ZODT12)</b>	OR <b>(ZRSdT12)</b> Continuing? <input type="checkbox"/> <b>(ZCONT12)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>