

PEDS-C

Unexpected Non-Serious Adverse Events

Please Use Black Pen To Fill Out Form.

Date of Assessment **asses\$dt** /

Patient ID **idn** - -

Patient Letter Code **letcode**

corrfix
Correction

BODY SYSTEM	SEVERITY	PEG/RV Relatedness	ACTION (taken)	CURRENT STATUS
1=Systemic	1=Mild	0=Definitely unrelated	0=None	1=Resolved
2=Infection	2=Moderate	1=Unlikely	1=Dose modification	2=Recovered with minor sequelae
3=Injection site reactions	3=Severe	2=Possibly related	2=Counteractive medication (specify under comments)	3=Recovered with major sequelae
4=Skin - Dermatological	4=Life threatening	3=Probably related	3=Medical/Surgical intervention (specify under comments)	4=Condition still present and under treatment / observation
5=Cardiovascular		4=Definitely related	4=Hospitalization	5=Condition continues to worsen
6=Gastrointestinal			5=Drug permanently discontinued	6=Patient died
7=Neurologic			6=Other (specify under comments)	

1. A. Event #: **uaeno1** B. Report #: **uaerep1** C. Adverse Event: **uae1**

D. Body System: **uaesys1** E. Onset Date: **uaestdt1** / F. Ending Date: **uaeendt1** / G. Severity: **uaesvr1**

H. PEG Related: **uaepeg1** RV Related: **uaerv1** J. Action: **uaeact1** K. Current Status: **uaest1** Comments: _____

CRA Use
Only

2. A. Event #: **uaeno2** B. Report #: **uaerep2** C. Adverse Event: **uae2**

D. Body System: **uaesys2** E. Onset Date: **uaestdt2** / F. Ending Date: **uaeendt2** / G. Severity: **uaesvr2**

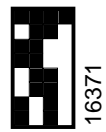
H. PEG Related: **uaepeg2** RV Related: **uaerv2** J. Action: **uaeact2** K. Current Status: **uaest2** Comments: _____

3. A. Event #: **uaeno3** B. Report #: **uaerep3** C. Adverse Event: **uae3**

D. Body System: **uaesys3** E. Onset Date: **uaestdt3** / F. Ending Date: **uaeendt3** / G. Severity: **uaesvr3**

H. PEG Related: **uaepeg3** RV Related: **uaerv3** J. Action: **uaeact3** K. Current Status: **uaest3** Comments: _____

Signature: _____ Certif. #: **staffid1** -



16371