A1. Site/Study ID #: ___ ___ / ___ ___ ___ ___ A2. Date: ___ ___ / ___ ___ / ___ ___ ___ ___ (Month / Day / Year) A3. Study Staff ID/Initials: ___ ___ ___

A4. Follow-up visit (month): 2 Week ☐ 1 ☐ 2 ☐ 3 ☐ 6 ☐ OR Age: ___ ___ mo/yr To DCC ☐

OTHER SENTINEL EVENTS (not recorded elsewhere)

M1. Diagnosis/Indication _____

B1. Sequence number ___ ___

B2. Date of presentation/onset ___ ___ / ___ ___ / ___ ___ ___ ___ (Month / Day / Year)

B3. Date of resolution ___ ___ / ___ ___ / ___ ___ ___ ___ OR 1. ☐ Continuing

B4. Patient was hospitalized 1. ☐ No → **Go to M2** 2. ☐ Yes

a. Date of admission ___ ___ / ___ ___ / ___ ___ ___ ___

b. Date of discharge ___ ___ / ___ ___ / ___ ___ ___ ___ OR 1. ☐ Continuing

M2. Tests performed and results 8. ☐ ND

Specify _____

M3. Treatment and treatment response 8. ☐ ND

Specify _____

M4. Patient received a transfusion 1. ☐ No → **END** 2. ☐ Yes

	Date	Type	Amount transfused
a	___ ___ / ___ ___ / ___ ___ ___ ___	1. ☐ FFP 2. ☐ Alb 3. ☐ Platelets 4. ☐ RBC	___ ___ ___ ___ cc
b	___ ___ / ___ ___ / ___ ___ ___ ___	1. ☐ FFP 2. ☐ Alb 3. ☐ Platelets 4. ☐ RBC	___ ___ ___ ___ cc
c	___ ___ / ___ ___ / ___ ___ ___ ___	1. ☐ FFP 2. ☐ Alb 3. ☐ Platelets 4. ☐ RBC	___ ___ ___ ___ cc

Investigator/Coordinator Signature: _____ Date: ___ ___ / ___ ___ / ___ ___ ___ ___ (Month / Day / Year)