

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. <input type="checkbox"/> FFP 2. <input type="checkbox"/> Alb 3. <input type="checkbox"/> Platelets 4. <input type="checkbox"/> RBC	_____ cc
b	____ / ____ / _____	1. <input type="checkbox"/> FFP 2. <input type="checkbox"/> Alb 3. <input type="checkbox"/> Platelets 4. <input type="checkbox"/> RBC	_____ cc
c	____ / ____ / _____	1. <input type="checkbox"/> FFP 2. <input type="checkbox"/> Alb 3. <input type="checkbox"/> Platelets 4. <input type="checkbox"/> RBC	_____ cc

Investigator/Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year