|  |  |
| --- | --- |
| **Alfred Project Number** |  |
| **Project Title** |  |
| **Site Principal Investigator** |  |
| **Innovations Committee Review** | Yes  No |
| **Participant Reference**  **(code number)** |  |
| **Date of event** | Click or tap to enter a date. |
| **Description of event** |  |
| **Relatedness** | Possibly  Probably  Definitely  Do not submit this form if the event is unrelated |
| **Is this a SUSAR?** | Yes  No |
| **Did the event require**  **(check all that apply)** | Hospitalisation at Alfred Health  Hospitalisation external to Alfred Health  Diagnostic tests  Medication  Procedure  Other  If other, describe |
| **Description of outcome** |  |
| **RiskMan ID if the event is entered in RiskMan** |  |

|  |  |
| --- | --- |
| **Name of person completing report** |  |
| **Contact email** |  |
| **Signature** |  |
| **Date of signature** | Click or tap to enter a date. |