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| --- | --- |
| **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[ ] DefinitelyDo 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[ ] OtherIf 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. |