|  |  |
| --- | --- |
| **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 |
| **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 |
| **Have applicable clinical governance incident guidelines been followed?** | [ ] Yes[ ] No |
| **Has the event been entered into RiskMan?** | [ ] Yes[ ] No |
| **Description of outcome** |  |

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