**SAE Line Listing for UHL Hosted CTIMP Studies**

**APPENDIX 2**

**EDGE Number: IRAS Number: Site Study Title:**

**Reporting period:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Patient Study ID** | **Date of SAE** | **SAE Description** | **Expectedness** **(\*see code below)** | **Causality** **(\*see code below)** | **SAE outcome (\*see code below)** | **Date report sent to Sponsor** |
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\* Expectedness code: Expected or Unexpected \* Causality code: Related or Unrelated

\*Outcome code: R=Resolved RS=Resolved with Sequelae O=On-going F=Fatal U=Unknown

Principal Investigator (Printed name) …………………………………………… P.I Signature: …………………………………......

Date: