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| --- | --- | --- | --- | --- | --- | --- |
| **Study Centre** | **Date of SAE** | **Patient Study ID** | **Brief Description of Event** | **Assessment of relationship to procedure/intervention**  **Related/Unrelated** | **Outcome** | **Date of event resolution** |
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**Appendix 2  
UHL Sponsored Multi Centre Non CTIMP**

**Serious Adverse Event Listing Table**

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| --- | --- | --- | --- |
| **Sponsor Number:** |  | **Chief Investigator:** | **Reporting period:** |
| **Study Title:** |  | | |

Chief Investigator (Printed Name): Signature: Date: ­