

PlaNeT-2 - Form 14b

Trial Number

Neonate Initials

If multiple births; birth order of

SERIOUS ADVERSE EVENT (SAE) NARRATIVE
(Do NOT include major bleed)
To record SAEs occurring from Randomisation to End of Study

Type of report: (Please tick box) Initial Follow-up 1 Follow-up 2 Follow-up 3 Follow-up 4

Serious Adverse Event Name

Date and time of SAE onset

Date							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

Time (24 hour clock)			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
H	H	M	M

Describe SAE: (Include manifestation and progression of event. Continue on a separate sheet if necessary)

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Treatment / Tests given:

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Outcome: (Including cause of death if applicable).....

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Completed SAE Narrative Form 14b must be sent to the NHSBT CSU within 5 working days of identification of the event.
Fax: 01223 588 136 Email: planet2@nhsbt.nhs.uk

Principal Investigator Name (Print)	Principal Investigator Signature	Date																
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D	D	M	M	Y	Y	Y	Y											

CSU use only: SAE Number

Send Form 14b within 5 working days