**Adverse Events Tracking Log**

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| Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Given name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Facility patient ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | EMR ID#: \_\_ \_\_ \_\_ — \_\_ \_\_ \_\_— \_\_ \_\_ \_\_ \_\_ \_\_ |

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| **SAE #:** Write the SAE case number if f the AE met the definition of an SAE and an SAE Form was submitted to the PV Unit at any time, write the SAE case number (from the top right of the SAE form). Write "NA" if the AE never met the definition of an SAE and an SAE Form was never submitted to the PV Unit. | **Outcome date:** Write the date that the AE was closed and the outcome is filled out on the original AE form. |

AE ID #\_\_\_\_ Description\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Date should always be written: DD/MMM/YYYY*

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| Date |  |  |  |  |  |  |  |  |  | SAE  # | Outcome date |
| Severity | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |  |  |

AE ID #\_\_\_\_ Description\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Date should always be written: DD/MMM/YYYY*

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| Date |  |  |  |  |  |  |  |  |  | SAE  # | Outcome date |
| Severity | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |  |  |

AE ID #\_\_\_\_ Description\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Date should always be written: DD/MMM/YYYY*

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| Date |  |  |  |  |  |  |  |  |  | SAE  # | Outcome date |
| Severity | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |  |  |

AE ID #\_\_\_\_ Description\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Date should always be written: DD/MMM/YYYY*

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| Date |  |  |  |  |  |  |  |  |  | SAE  # | Outcome date |
| Severity | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |  |  |

AE ID #\_\_\_\_ Description\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Date should always be written: DD/MMM/YYYY*

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| Severity | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |  |  |

AE ID #\_\_\_\_ Description\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Date should always be written: DD/MMM/YYYY*

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| Severity | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |  |  |

AE ID #\_\_\_\_ Description\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Date should always be written: DD/MMM/YYYY*

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| Severity | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |  |  |

AE ID #\_\_\_\_ Description\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Date should always be written: DD/MMM/YYYY*

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| Date |  |  |  |  |  |  |  |  |  | SAE  # | Outcome date |
| Severity | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |  |  |

AE ID #\_\_\_\_ Description\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Date should always be written: DD/MMM/YYYY*

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| Date |  |  |  |  |  |  |  |  |  | SAE  # | Outcome date |
| Severity | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |  |  |

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| Date |  |  |  |  |  |  |  |  |  | SAE  # | Outcome date |
| Severity | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |  |  |

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| Severity | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |  |  |

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| Date |  |  |  |  |  |  |  |  |  | SAE  # | Outcome date |
| Severity | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |  |  |