

ID NUMBER:									
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FORM CODE: SAE
VERSION: 1, 7/2/2014

Contact Occasion:

0	2
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SEQ #

0	0
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8. Describe the event (*Enter in a notelog on DMS.*)

9. Indicate whether the event is: 1 Ongoing 2 Resolved

10. Describe what action was taken (*Enter in a notelog on DMS.*)

11. Likelihood of relationship to participation in HCHS/SOL:

- Unrelated (clearly not related) 1
- Unlikely (doubtful related) 2
- Possible (may be related) 3
- Probable (likely related) 4
- Definite (clearly related) 5

B. ACTIONS TAKEN BY INVESTIGATORS - Completed by the HCHS/SOL Coordinating Center

12. Reported to: NHLBI

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 OSMB

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13. Was a change to the protocol made because of this SAE?

- No 0
- Yes 1 If Yes, date changed:

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14. Were any other actions taken by the investigators in response to this SAE?

- No 0
- Yes 1 If Yes, date action taken:

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15. If yes to either of the above questions, please specify: _____

16. Completion Date:

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 CSCC Staff ID:

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