SOL HUT OF LENRY Hapanic Commonly Health Study	HCHS /SOL	Minor Advers	e Event Form	
ID NUMBER:		CODE: MAE ION: A 07/09/2010	Contact Occasion: 0 1	SEQ # 0 0

Instructions: This form should be completed within 7 days of a minor adverse event. An event is minor if it DOES NOT affect a pregnant study participant, a fetus or a newborn, or if it DOES NOT result in any of the following outcomes: Death, A threat to life, Requires (inpatient) hospitalization, Likely causes persistent or significant disability or incapacity, Likely associated with a congenital anomaly or birth defect, Requires treatment to prevent one of the outcomes listed above, other than for pre-existing conditions detected as a result of participation in HCHS/SOL, its tests and examination protocol. Minor adverse events (MAEs) are anticipated and expected to occur as stated risks in the study protocol, whether study related or otherwise.

Сс	mpletion Date: ////////////////////////////////////
A.	EVENT INFORMATION – Completed at the HSCHS/SOL Field Center
	1. Contract No.: HHSN
	2. Principal Investigator:
	3. Field Center:
	4. Date MAE occurred://
	 5. Reported to: Principal Investigator Field Center IRB Yes, If Yes, date reported:// No Yes, If Yes, date reported:// No

- 6. Source of the event:
 - a. Interview with study participant
 - b. Blood draw
 - c. Glucose load
 - d. Lung function testing
 - e. Other physical examination tests
 - f. Other _
- 7. Describe the event (Enter in a notelog on DMS.)

ID NUMBER: FORM CODE: MAE VERSION: A 07/09/2010 Contact Occasion: 0 1 SEQ # 0 0
8. Indicate whether the event is: 1 Ongoing 2 Resolved
9. Describe what action was taken (<i>Enter in a notelog on DMS.</i>)
10. Is this type of event foreseen in the Informed Consent or study MOP ?
 11. Likelihood of relationship to participation in HCHS/SOL: 1- Unrelated (clearly not related) 2- Unlikely (doubtful related) 3- Possible (may be related) 4- Probable (likely related) 5- Definite (clearly related)
B. ACTIONS TAKEN BY INVESTIGATORS - Completed by the HCHS/SOL Coordinating Center
B. ACTIONS TAKEN BY INVESTIGATORS - Completed by the HCHS/SOL Coordinating Center 12. Reported to: NHLBI
12. Reported to: NHLBI ////////////////////////////////////
12. Reported to: NHLBI 13. Was a change to the protocol made because of this MAE? Yes If Yes, date changed: No 14. Were any other actions taken by the investigators in response to this MAE? Yes If Yes, date actions taken: