



ID NUMBER:

FORM CODE: UPR  
VERSION: 1, 6/29/2015

Contact Occasion: 02

SEQ #

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

9. Describe what action was taken (limit to 250 words or less)

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

10. Reported to: NHLBI  OSMB

11. Was a change to the protocol made because of this UP?

No 0

Yes 1  If Yes, date changed:

12. Were any other actions taken by the investigators in response to this UP?

No 0

Yes 1  If Yes, date action taken:

13. If yes to either of the above questions, please specify: \_\_\_\_\_

14. Completion Date:  CSCC Staff ID:

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