



Institutional Ethics Committee Of

KLE Academy of Higher Education and Research

(Nehru Nagar, J.N.Medical College campus, Belagavi 590010, India)

KLES Dr.Prabhakar Kore Hospital, Belgaum-590010, Karnataka State India

t: 0831-2470400 www.kledeemeduniversity.edu.in mail:kclinicalresearch@gmail.com



FORM NO: 33-DATA ELEMENTS FOR REPORTING SERIOUS ADVERSE EVENTS OCCURRING IN A CT

1. Patient Details:
 - Initials and other relevant identifier (hospital or out-patient department (OPD) record number etc)*
 - Gender
 - Age or date of birth
 - Weight
 - Height
2. Suspected Drug(s):
 - Generic name of the drug*
 - Indication(s) for which suspect drug was prescribed or tested
 - Dosage form and strength
 - Daily dose and regimen (specify units - e.g., mg, ml, mg/kg)
 - Route of administration
 - Starting date and time of day
 - Stopping date and time, or duration of treatment
3. Other Treatment(s): Provide the same information for concomitant drugs (including non-prescription or Over the Counter OTC drugs) and non-drug therapies, as for the suspected drug(s).
4. Details of Serious Adverse Event: Full description of the event including body site and severity, as well as the criterion (or criteria) for considering the report as serious. In addition to a description of the reported signs and symptoms, whenever possible, describe a specific diagnosis for the event*
 - Start date (and time) of onset of event.
 - Stop date (and time) or duration of event
 - DE challenge and rechallenge information.
 - Setting (e.g., hospital, out-patient clinic, home, nursing home)
5. Outcome: Information on recovery and any sequelae; results of specific tests or treatment that may have been conducted. For a fatal outcome, cause of death and a comment on its possible relationship to the suspected event; Any post-mortem findings
 - Other information: anything relevant to facilitate assessment of the case, such as medical history including allergy, drug or alcohol abuse; family history; findings from special investigations etc.
6. Details about the Investigator*
 - Name and Address
 - Telephone number\
 - Profession (specialty)\
 - Date of reporting the event to Central Licencing Authority:
 - Date of reporting the event to ethics committee overseeing the site:
 - Signature of the Investigator or Sponsor

Note: Information marked * must be provided