Final Report Complete and fax to CERU at 613-548-2428 attention: Project Leader REDOXS **at day 30, ICU d/c, death or within 10 days from becoming aware of SAE, whatever occurs first.**

To be completed by Site Investigator for EVERY Initial SAE that was reported to CERU.

Patient ID **Site # _____** **Enrollment #_____** **Initials _____** **SAE #** (from Initial Report) **_____**	**Past medical history, comorbid illnesses and reason for admission to hospital**	**Admitting diagnosis to ICU and chronological events leading to SAE**	**Chronological events proceeding SAE until discharge from ICU** (or day 30 or within 10 days of becoming aware of the event, whatever occurs first)

Confirmation of Unexpected nature of SAE (not due to the progression of underlying disease)	**Relationship of SAE to Study supplements vs. progression of underlying illness** (based on timing of supplements, SAE)	**Outcomes** (at time of final report) ☐ Complete recovery/return to baseline → Date of recovery dd ___/ mmm____/yr ___ ☐ Alive with sequelae ☐ Death → death date dd__ ___/mmm__/yr___ ☐ SAE persisting ☐ Unknown/lost to follow-up

Action Taken ☐ None ☐ Uncertain ☐ Procedure or physical therapy ☐ Blood or blood products ☐ Prescription drug therapy ☐ Non-prescription drug therapy ☐ Hospitalization ☐ IV fluids ☐ Other , specify _____	**Action taken with Study Supplements** ☐ None (including not on study supplements) ☐ Dose reduced, interrupted or therapy delayed ☐ Study supplements stopped permanently due to SAE	**Summary**
	Relationship of SAE to Study Supplements ☐ Not related ☐ Unlikely related ☐ Possibly related ☐ Probably related	**Signature of Site Investigator** _____ **Date** _____ / _____ /____ dd mmm yy