



Work Instruction

WI No.: R- 302-02

Title: Serious Adverse Events Reporting: Methods Centre

Referenced SOP: Serious Adverse Event Recognition and Reporting

Author: Janet Overvelde, Project Leader Signature: _____ Date: _____

Intended Audience: Methods Centre

Procedures

The purpose of this work instruction is to describe the process for identifying and processing serious adverse events reported for the REDOXS study.

For the Serious Adverse Event to be reported to the Methods Centre for the REDOXS study, the event must be **Serious and Unexpected**.

- I. **Serious Adverse Event:** Any untoward medical occurrence that at any dose:
 - Results in death.
 - Is life-threatening (refers to an event in which the study participant was, in the opinion of the qualified investigator (QI), at risk of death from the event if medical intervention had not occurred. NOTE: This does not include an event that hypothetically had it occurred in a more serious form, might have caused death).
 - Requires in patient hospitalization or prolongation of existing hospitalization.
 - Results in persistent or significant disability/incapacity (i.e. a substantial disruption in an individual's ability to conduct normal life functions).
 - Is a congenital anomaly or birth defect.
 - Other medically important condition (Important medical events that may not result in death, be life-threatening, or require hospitalization may be considered serious events when, based on medical judgment, they may jeopardize the patient and may require medical or surgical intervention to prevent one of the outcomes listed above).

- II. **Unexpected Serious Adverse Event:**
 - For the purposes of the REDOXS[®] Study, given the population of critically ill patients with organ dysfunction, an unexpected SAE is defined as an event that is serious, i.e. fits the above definition, and is **NOT expected due to the progression of the underlying disease or co-morbid illnesses**.

All SAEs must be reported to study stakeholders.

I. Initial reporting

- (1) The Serious Adverse Event must be reported by the site to the Methods Centre **within 24 hrs** of becoming aware of the event or sooner ***regardless of the relationship of the study supplements to the event.*** (Appendix 1 and Serious Adverse Events Manual).



- (2) The site completes the initial Serious Adverse Events Report (Appendix 2). The report form is available on the REDOXS website under the Welcome, Home Page (Site Status Page) or can be downloaded off www.criticalcarenutrition webpage (Click REDOX[®] Study, Resources, Study Procedures Manual).
- (3) The site must include:
 - i. Patient's baseline condition on admission to ICU, including organ failures and corresponding treatments;
 - ii. All concomitant medications given within the 48 hours preceding the onset of the event;
 - iii. Any laboratory results and investigations related to the SAE.
- (4) Upon receipt of the SAE information, the Project Leader reviews the information on the SAE report for completeness and medical coherency. The Project Leader communicates with the research site to resolve any outstanding SAE report information and to discuss any ambiguities in the information provided.
- (5) The Project Leader records the reported SAE on the SAE Tracker and assigns an SAE identification number (Appendix 3). The number is assigned according to the following sequence: year SAE occurred, two digit site number, three digit enrolment number, and the three digit sequential number of the SAE for that site.
- (6) Once all preliminary information from the site is compiled, the Project Leader completes the initial CIOMS form (Appendix 4).
- (7) The Project Leader provides the initial CIOMS form and all relevant documentation associated with the SAE to the Principal Investigator. The Principal Investigator reviews all the information and provides a preliminary Sponsor assessment of causality, i.e. whether the PI agrees or disagrees with the Site Investigator causality assessment. Due to insufficient information, the Principal Investigator may not be able to complete the sponsor assessment of causality until the follow-up report phase.
- (8) All SAEs are reported to the various study stakeholders; however the expeditious reporting of SAEs depends on the relationship of the event to the study supplements (Appendix 6).
- (9) If the SAE is determined not to be related to the study supplements then the Project Leader files the initial CIOMS report and supporting documentation in the Serious Adverse Events Binder. The reporting of this type of SAE to study stakeholders occurs at the SAE Summary Report stage (Page 3).
- (10) If the SAE is determined to be related to the study supplements this is considered to be a **SUSAR (suspected, unexpected serious adverse event)**. SUSARs must be reported to the study stakeholders listed in Table 1. The required documentation and method of communication are also outlined in Table 1.



Table 1: Study stakeholders for SUSAR reporting

Agency	Documents required	Method of document delivery
Pharmaceutical Drugs Health Canada	<ul style="list-style-type: none"> ▪ Fax coversheet ▪ ADR Expedited Reporting Summary Form (Appendix 6) ▪ CIOMS Form 	613 941 2121 (fax)
Dr. Gunnar Elke for BPharm	<ul style="list-style-type: none"> ▪ CIOMS report 	elke@anaesthesie.uni-kiel.de
Dr. Thomas Ziegler Emory University Hospital, for the FDA)	<ul style="list-style-type: none"> ▪ CIOMS report 	tzieg01@emory.edu
Dr. Rosa Abele Fresenius Kabi	<ul style="list-style-type: none"> ▪ CIOMS report 	Rosa.Abele@fresenius-kabi.com
All sites	<ul style="list-style-type: none"> ▪ CIOMS report 	Email distribution list

(11) The initial reporting timelines for SUSARs are as follows:

- If the SUSAR is **fatal or life threatening**, the Project Leader will report the event to the specified study stakeholders and regulatory bodies within **7 days** of the site becoming aware of the SAE.
- If the SUSAR is **not fatal or life threatening**, the Project Leader will report the event to the specified study stakeholders and regulatory bodies within **15 days** of the site becoming aware of the event.

(12) To facilitate the reporting of SUSARs, the Project Leader can use the SUSAR Checklist form (Appendix 7)

(13) The Project Leader files the initial CIOMS, supporting documentation and correspondence in the corresponding SAE file.

II. Follow-up reporting

- (1) The site provides a completed follow-up form (Appendix 8) within 10 days of becoming aware of the SAE regardless of the relationship of the event to the study supplements. The site must provide additional available information if available, i.e. laboratory results.
- (2) Once all follow-up information is compiled, the Project Leader completes a follow-up CIOMS form (Appendix 4).
- (3) If required, the Project Leader provides all follow-up documentation associated with the SAE to the Principal Investigator. The Principal Investigator re-assesses agreement with assessment of causality.
- (4) If the SAE was determined not to be related to the study supplements then the Project Leader files the follow-up CIOMS report and supporting documentation in the Serious Adverse Event binder.



The reporting of this type of SAE to study stakeholders occurs at the SAE Summary Report stage (Page 3)

- (5) The follow-up reporting timelines for SUSARs are as follows:
 - If the SUSAR is fatal or life threatening, the Project Leader provides a follow-up event report to the specified study stakeholders within 15 days of the site becoming aware of the SAE. The Project Leader collaborates with the Study Coordinator to assess the need for additional details and further follow-up reporting to study stakeholders and regulatory bodies.
 - If the SUSAR is not fatal or life threatening, the Project Leader collaborates with the Study Coordinator to assess the need for additional details and for further follow-up reporting to study stakeholders.
- (6) The Project Leader files the follow-up CIOMS, supporting documentation and correspondence in corresponding SAE file.

III. SAE Summary Reporting

- (1) Periodically, usually following a DMC meeting, the Project Leader will compile a SAE Summary Report for all study stakeholders that contains the following:
 - SAE Report Form (Appendix 9)
 - SAE Tracker (Appendix 3)
 - Individual SAEs reported in the CIOMS form format
- (2) The SAE Summary Report will be sent to the stakeholders listed in Table 2.
- (3) The participating sites will be asked to submit the reported SAEs for all site to their REB, and to fax a copy of their REB submission or acknowledgement to the Project Leader as proof of submission. The confirmation documentation will be filed under the Miscellaneous section of the site binders.

Table 2: Study stakeholders for SAE summary reporting

Agency	Timeframe	Method of communication
All sites	Periodically (usually following DMC mtg)	Email distribution list
Data Monitoring Committee	Periodically (bi-annually)	Email distribution list
Dr. Rosa Abele Fresenius Kabi	Periodically (usually following DMC mtg)	Rosa.Abele@fresenius-kabi.com
Dr. Gunnar Elke for BPharm	Periodically (usually following DMC mtg)	elke@anaesthesie.uni-kiel.de
Hoda Eid, Ph.D. Manager, Adverse Drug Reaction Division	Annually	Office of Clinical Trials, Therapeutic Products Directorate 1600 Scott Street Holland Cross, Tower B, 5th Floor Ottawa, Ontario K1A 0K9 AL 3105A 613 941 1622 (T)
Dr. Thomas Ziegler Emory University Hospital, for the FDA)	Annually	tzieg01@emory.edu



Referenced documents:

- (1) SOP 302: Serious Adverse Event Recognition and Reporting
- (2) Serious Adverse Events Manual (Study Procedures Manual)

Appendix 1

SAE Reporting by REDOX[®] sites to the Clinical Evaluation Research Unit (CERU)

***Serious if:**

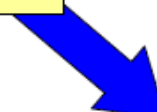
- Results in death
- Is life threatening
- Requires or prolongs in-patient hospitalization
- Results in persistent or significant disability/incapacity
- May require medical or surgical intervention to prevent one of the other outcomes to defining serious

To be reported, the event needs to be both **Serious* and Unexpected****

Study Coordinator (SC) or Site Investigator (SI) identifies SAE

**** Unexpected if:**

not expected due to the progression of the underlying disease or co-morbid illnesses.



SC reports SAE to local Ethics Board as per required timelines

SC faxes the SAE **initial** report to the Project Leader **within 24 hours** of becoming aware of the event (# 613 548 2428) **plus**

- **concomitant medications** (given within the 48 hours preceding the SAE)
- **lab values** (related to the SAE)



SC faxes the SAE **follow-up** report to the Project Leader **within 10 days** from becoming aware of the event (fax # 613 548 2428).

The Project Leader will collaborate with the Study Coordinator to assess the need for additional details and further follow-up reporting.

Appendix 2

The REDOXS [®] Study		Serious Adverse Events (SAE) - Initial Report									
<p>Complete and fax the INITIAL report to CERU at 613 548 2428 attention: Project Leader within 24 hours of becoming aware of the event. Complete one form for EVERY adverse event that is Serious and Unexpected. Report only those SAEs that occur from the time of randomization to the end of the study period (30 days from admission to ICU or until ICU discharge or death, whatever comes first)</p>											
Patient Information											
Site number	<input type="text"/>	Initials	<input type="text"/>	<input type="radio"/> Male	Height (cm)	<input type="text"/>	Name of Site Investigator	<input type="text"/>	SAE #	<input type="text"/>	
Enrolment #	<input type="text"/>	DOB	<input type="text"/>	<input type="radio"/> Female	Weight (kg)	<input type="text"/>	Person Reporting SAE	<input type="text"/>	Record the sequential SAE # for the patient i.e. for 1 st SAE for this patient, write 01; For 2 nd SAE for this patient, write 02.		
Serious Adverse Event Reported (only one per form)							Date SAE reported		<input type="text"/>		
							Date became aware of SAE		<input type="text"/>		
Seriousness (select all that apply)						Outcomes (at the time of initial report) - select only one					
<input type="radio"/> Patient died --> please document date in Outcomes <input type="radio"/> Life threatening <input type="radio"/> Requires or prolongs hospitalization <input type="radio"/> Results in persistent or significant disability/incapacity <input type="radio"/> May require medical or surgical intervention to prevent one of other outcomes.						<input type="radio"/> Complete recovery/return to baseline - Date of recovery <input type="text"/> <input type="radio"/> Alive with sequelae <input type="radio"/> Death - death date <input type="text"/> <input type="radio"/> SAE persisting <input type="radio"/> Unknown/lost to follow-up					
Action taken (select all that apply)						Action taken with Study supplements (select only one)					
<input type="radio"/> None <input type="radio"/> Uncertain <input type="radio"/> Procedure or physical therapy <input type="radio"/> Blood or blood products <input type="radio"/> Prescription drug therapy <input type="radio"/> Non-prescription drug therapy <input type="radio"/> Hospitalization <input type="radio"/> IV fluids <input type="radio"/> Other <input type="text"/>						<input type="radio"/> None (including not on study supplements) <input type="radio"/> Dose reduced, interrupted or therapy delayed <input type="text"/> <input type="text"/> <input type="radio"/> Study Supplements stopped permanently due to SAE					
Relationship of SAE to Study Supplements											
<input type="radio"/> Not related <input type="radio"/> Unlikely related						<input type="radio"/> Possibly related <input type="radio"/> Probably related					
Onset of SAE	<input type="text"/>	Date (dd/mm/yyyy)	<input type="text"/>	Time (hh:mm)	<input type="text"/>						
ICU admission	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Start of study supplements	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Stop of study supplements	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Signature of Site Investigator	<input type="text"/>										
Date	<input type="text"/>										
						Complete Follow up report within required timelines			Version: 26 Nov 2008		

Appendix 3

Serious Adverse Event (SAE) Tracking

SAE Case Number (year/site/eno)/sequence	DMC Reporting Period	SERIOUSNESS (1-5)	OUTCOME (1-5)	Site Details (Investigator & Hospital)	Country	Patient ID (initials/rand #)	Event Name	Coded Category	Coded Sub Category	ACTION TAKEN: Other (1-9) If 9 Specify	SAE ONSET DATE (dd/mm/yyyy)	SAE RESOLUTION DATE (dd/mm/yyyy)	RELATIONSHIP: To Study Nutrients (1-3)	ACTION TAKEN: With Study Nutrients (1-3)	Expedited to Regulatory Bodies (✓)	DMC Review (✓)	Sponsor Review (✓)

Legend for SAE Tracker

DMC Reporting Period
P - Pilot (1 Dec 2006)
1 - 5 May 2007 - 13 Nov 2007
2 - 14 Nov 2007 - 19 May 2008
3 - 20 May 2008 - 17 Nov 2008
Seriousness
1 - Patient died
2 - Life Threatening
3 - Requires Hospitalization
4 - Results in persistent/significant disability
5 - May require medical surgical intervention to prevent one of the outcomes defining serious
Outcome
1 - Complete recovery/Return to baseline
2 - Alive with sequelae
3 - Death
4 - Unknown/lost to Follow-up
5 - SAE persisting

Action taken
1 - None
2 - Uncertain
3 - Procedure or physical therapy
4 - Blood or blood products
5 - Prescription Drug therapy
6 - Non-Prescription Drug therapy
7 - Hospitalization
8 - IV Fluids
9 - Other (specify above)
Relationship
1 - Not Related
2 - Possibly Related
3 - Probably Related
4 - Unlikely Related
Action taken with nutrients
Study Nutrients
1 - None (including not on study nutrients)
2 - Dose reduced, Interrupted or therapy delayed
3 - Study nutrients stopped permanently due to SAE

Appendix 4

SUSPECT ADVERSE REACTION REPORT (CIOMS)					Reported on behalf of the Principal Investigator by: Clinical Evaluation Research Unit Kingston General Hospital 76 Stuart Street, Angada 4, Kingston, ON K7L 2V8					
					SAE #					
I. EVENT DESCRIPTION										
1. PATIENT INITIALS	1a. COUNTRY	2. DATE OF BIRTH			2a. AGE YRS	3. SEX	4-6 reaction onset			8-12 CHECK ALL APPROPRIATE TO EVENT: <input type="checkbox"/> PATIENT DIED <input type="checkbox"/> INVOLVED OR PROLONGED INPATIENT HOSPITALISATION <input type="checkbox"/> INVOLVED PERSISTENCE OF SIGNIFICANT DISABILITY OR INCAPACITY <input type="checkbox"/> LIFE THREATENING <input type="checkbox"/> MEDICALLY SIGNIFICANT
		day	month	year			day	month	year	
DESCRIBE EVENT: Study Title: The REDOXs® Study: A randomized trial of Glutamine and antioxidant supplementation in critically ill patients. Patient <randomization number> /<initials>, a/an <age>-year-old <race> <sex> admitted to the ICU on <date> with history of <condition(s)>. Patient presented with <diagnosis/symptoms>. The relevant past medical history includes: <med history>. Past surgeries include: <surg history>. Allergies include: <list here>. The patient was enrolled in the REDOXs® Study and began to receive blinded study treatment both enterally and parenterally (Antioxidant; Glutamine; Antioxidant and Glutamine; or Placebo) on <date> at <time> hours. The study supplements were continued until <date> at <time> hours for a total of <number of hours/minutes>. The SAE was identified as <event>. The onset of the event was <date> @ <time>. <Describe the event and the chronological events preceding this event>. This SAE was unexpected and was not related to the progression of the underlying disease. Investigations included <tests, investigations>. Treatment included: <interventions>, <medications to treat SAE>, <discharge medications>. Concurrent medications include (i.e. medications patient received in the 48 hrs before onset of SAE): <Vasopressor Drug Infusions, IV Drug Infusions, Daily Medications, PRN Medications>. The study medication <action taken with study drug> for <#> days during hospitalization. The event <resolution, provide date>. The patient <patient status in trial> the study. The Primary Investigator determined that the Event was <not related, unlikely related, possibly related or probably related> to the study medication and due to <event causality>.										
13. RELEVANT TESTS/LABORATORY DATA										
Laboratory investigations revealed <Investigations>										
II. DRUG INFORMATION										
14. IDENTIFIED DRUG(S) Blinded: Antioxidant; Glutamine; Antioxidant and Glutamine; or Placebo						20. DID EVENT ABATE AFTER STOPPING DRUG? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A				
15. DAILY DOSE Enteral 480 m/day Parenteral 240 ml/day			16. ROUTE OF ADMINISTRATION I.V. Infusion and/or feeding tube			21. DID EVENT REAPPEAR AFTER REINTRODUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A				
17. INDICATION(S) FOR USE Organ failures										
18. THERAPY DATES (From To) <<start date – stop date>>			19. THERAPY DURATION <<number of days received supplements>>							
III. CONCOMITANT DRUGS AND HISTORY										
22. CONCOMITANT DRUGS AND DATES OF ADMINISTRATION (exclude those used to treat the adverse event)										
<Drug Name>		<Dose>		<Route>		<Onset Date> to <End Date>		<Indication>		

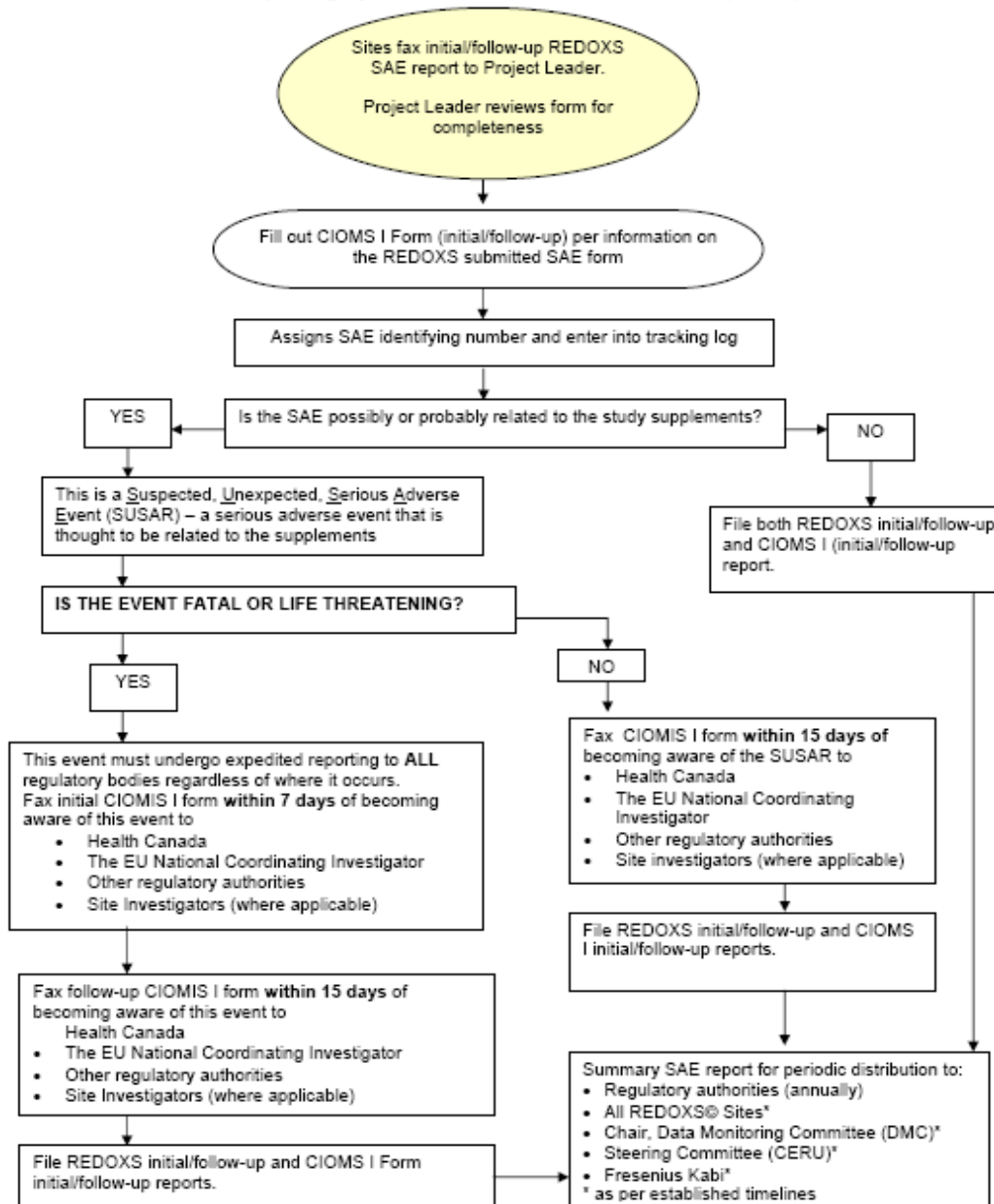
23. OTHER RELEVANT HISTORY
<Past Medical History & Known Allergies>

IV. MANUFACTURER	
24a NAME & ADDRESS OF MANUFACTURER Fersenius Kabi Deutschland GmbH Kabi Strategic Business Center Medical Scientific Affairs – Nutrition Therapy D – 61346 Bad Homburg	Company Remarks: <<Comments for Health Canada>>
Study No.: The REDOX5® Study Pznazr No.:	24b MFR CONTROL NO. <<SAE case #>>
24c DATE RECEIVED BY MANUFACTURER	24d REPORT SOURCE <input type="checkbox"/> STUDY <input type="checkbox"/> LITERATURE <input type="checkbox"/> HEALTH PROFESSIONAL
DATE OF THIS REPORT:	25a REPORT TYPE: <input type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOWUP <input type="checkbox"/> FINAL

SAE reported by:	<name>	<title>
Site Investigator causality assessment:	<name>	<title>
Sponsor assessment of causality (check one)	Agree <input type="checkbox"/> Disagree <input type="checkbox"/> <input type="checkbox"/> The data reviewed <u>does not</u> represent a new safety risk that warrants a change to the study protocol or consent form. <input type="checkbox"/> The data reviewed <u>does</u> represent a new safety risk that warrants a change to the study protocol or consent form. <u>Additional Sponsor Comments:</u>	

Appendix 5

SAE Reporting by Clinical Evaluation Research Unit (CERU)



Appendix 6



Adverse Drug Reactions (ADRs) for Clinical Trials Expedited Reporting Summary Form

Drug Code, Generic, or Brand Name:		Sponsor of Clinical Trial:	
Report Submitted By:		(CR) File Number:	
Contact Name and Telephone Number:			
Protocol Title / Protocol Number (if applicable):			
Sponsor's Identification Number for the case:		Date of ADR Onset:	
<input type="checkbox"/> Fatal or Life-Threatening Unexpected ADR <input type="checkbox"/> All other serious and unexpected ADRs		Is there an ongoing clinical trial for this drug in Canada? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
FOR DETAILED INFORMATION ON ADVERSE DRUG REACTIONS SUBJECT TO EXPEDITED REPORTING REFER TO PART C DIVISION 5 OF THE FOOD AND DRUG REGULATIONS AND E2A 'CLINICAL SAFETY DATA MANAGEMENT: DEFINITIONS AND STANDARDS FOR EXPEDITED REPORTING' HC / ICH GUIDELINES, 1995		Is this a followup to a previous report? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Reported ADR occurred in: <input type="checkbox"/> Phase I - III study <input type="checkbox"/> Phase IV study <input type="checkbox"/> Spontaneous ADR		If yes, date of previous report (s): Has the drug been or is it currently marketed in Canada? If yes, provide DIN:	
ADR Country of Origin <input type="checkbox"/> Canada <input type="checkbox"/> Other		Has the drug ever been released under the Special Access Programme/ Emergency Drug Release? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
		Is there a clinical trial application for this drug under review in Canada? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Signature: _____ Date: _____		Is there a new drug submission for this drug under review in Canada? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
ADR Reports must be provided by the following deadlines: Fatal and Life Threatening Unexpected ADRs 1. Initial Report within 7 calendar days 2. Comprehensive Report within an additional 8 calendar days All Other Serious and Unexpected ADRs 1. Comprehensive Report within 15 calendar days			

For Pharmaceutical Drugs: Please fax to: (613) 941-2121;
 For Biologics and Radiopharmaceuticals: Please fax to: (613) 957-0364

Adverse Drug Reaction (ADR) Expedited Reporting Summary Form (01-03)

Appendix 7

SUSAR REPORTING CHECKLIST

SAE Number _____

INITIAL REPORTING

Initial SAE form received from site: _____

SUSAR? No Yes If SUSAR is fatal/life threatening, initial report to regulatory bodies within 7 days; otherwise report in 15 days.

If SUSAR, send **INITIAL CIOMS** to Regulatory Bodies before: _____

Sent to :		Date sent
Health Canada	<input type="checkbox"/>	_____
Gunnar Elke for BPharm	<input type="checkbox"/>	_____
Tom Ziegler for FDA	<input type="checkbox"/>	_____
Rosa Abele for FK	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	_____

FOLLOW-UP REPORTING

Follow-up site SAE report rec'd _____

If SUSAR, send **F/U CIOMS** to Regulatory Bodies before: _____

Sent to :		Date sent	Date sent	Date sent	Date sent
Health Canada	<input type="checkbox"/>	_____	_____	_____	_____
Gunnar Elke for BPharm	<input type="checkbox"/>	_____	_____	_____	_____
Tom Ziegler for FDA	<input type="checkbox"/>	_____	_____	_____	_____
Rosa Abele for FK	<input type="checkbox"/>	_____	_____	_____	_____
Other _____	<input type="checkbox"/>	_____	_____	_____	_____

Follow-up completed and report closed ? No Yes Date closed _____

Print Form

Appendix 8

The REDOXS [®] Study		Serious Adverse Events (SAE) - Follow-up Report			No. <input style="width: 50px;" type="text"/>
<p>Complete and fax the Follow-up report to CERU at 613 548 2428 attention: Project Leader within 10 days of becoming aware of SAE. The Project Leader and Study Coordinator to assess the need for additional details and further follow-up reporting. To be completed by the Site Investigator for EVERY initial SAE that was reported to CERU.</p>					
Patient Identification	Site # <input style="width: 40px;" type="text"/>	Enrol. # <input style="width: 40px;" type="text"/>	Initials <input style="width: 40px;" type="text"/>	SAE # <input style="width: 40px;" type="text"/>	
<p>Chronological events preceding SAE until time of this report</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>					<p>Past medical history, comorbid illness and reason for admission to hospital</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
<p>Outcomes (at time of final report)</p> <input type="radio"/> Complete recovery/return to baseline - Date or recovery <input style="width: 50px;" type="text"/> <input type="radio"/> Alive with sequelae <input type="radio"/> Death - death date <input style="width: 50px;" type="text"/> <input type="radio"/> SAE persisting <input type="radio"/> Unknown/lost to follow-up					<p>Admitting diagnosis to ICU and chronological events leading to the SAE</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
<p>Action taken</p> <input type="radio"/> None <input type="radio"/> Hospitalization <input type="radio"/> Uncertain <input type="radio"/> IV fluids <input type="radio"/> Procedure or physical therapy <input type="radio"/> Other, specify <input style="width: 100px;" type="text"/> <input type="radio"/> Blood or blood products <input type="radio"/> Prescription drug therapy <input type="radio"/> Non-prescription drug therapy					<p>Confirmation of unexpected nature of SAE (not due to progression of underlying disease)</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
<p>Relationship of SAE to study supplements</p> <input type="radio"/> Not related <input type="radio"/> Possibly related <input type="radio"/> Unlikely related <input type="radio"/> Probably related					<p>Relationship of SAE to study supplements vs. progression of underlying illness (based on timing of supplements, SAE)</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
<p>Action taken with Study supplements</p> <input type="radio"/> None (including not on study supplements) <input type="radio"/> Dose reduced, interrupted or therapy delayed <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> <input type="radio"/> Study Supplements stopped permanently due to SAE <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/>					<p>Summary</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
<p>Signature of Site Investigator <input style="width: 250px;" type="text"/></p>				<p>Date <input style="width: 100px;" type="text"/></p>	
Version: 26Nov 2008					



Serious Adverse Event Report
The REDOX[®] Study (REducing Deaths due to OXidative Stress)

Duration of study	
Number of patients enrolled to date	
Number of Serious and Unexpected Adverse Events	
Number of Serious and Unexpected Adverse Events related to the study nutrients	
Number of Serious and Unexpected Adverse Events that needed expedited reporting to Health Canada	

<Comments>

- cc. Data Monitoring Committee
- Steering Committee
- Participating sites
- Fresenius-Kabi

Kingston General Hospital, Angada 4, 76 Stuart Street, Kingston, Ontario, K7L 2V7
Phone 613 549 6666 Ext. 3830 Fax 613 548 1351