Protocol Name IP Name (ex: 654321)	Site No.					Subject ID No.										

ADVERSE EVENT SUMMARY FORM

Protocol Title:

Name of Institution: Texas Tech University Health Sciences Center El Paso	**Investigator Name:**

Instructions:

Adverse Event:	Date Started	Date Ended	Ongoing	Were any medications taken for this? Y/N**	CTCAE Grade (1-4)	Attribution to (ex: IP) (1-5)*	SAE***
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*Attribution codes: 1-unrelated   2-unlikely   3-possible   4-probable   5-definite

*Please be sure to add any new medication to Concomitant Medication log.
***Report any SAE's that occur to PI, sponsor and IRB

CRC Signature:_____   Date:_____

PI Signature:_____   Date:_____