**NON-CTIMP SAE FOLLOW-UP SIGN OFF SHEET**

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| **REPORT DETAILS** | | | | | | | | | | | | | | | | | |
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| **Study Name:** | | |  | | | | **Sponsor Number:** | | | | | AC | | |  | | |
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| **Centre Name:** | | |  | | | | **Centre ID:** | | | | |  | | |  | | |
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| **Participant ID:** | | |  | | | | **Date of onset:** | | | | |  | | |  | | |
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| **INFORMATION SOURCE FOR FOLLOW-UP no. \_\_** | | | | | | | | | | | | | | | | | |
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| **Name / job title of person completing report:** | | | | / | | | | | | | | | |  | | | |
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| **Email:** | |  | | | | | | | | **Telephone:** | |  | | |  | | |
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| **PI Name** |  | | | | **PI Signature:** | | | *Date:* | | | | | | |  | | |
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| **ALL Reports must be signed and dated by the Principal Investigator** *(or suitably qualified clinician listed on the delegation log)*  If signatory is unavailable, the unsigned form must still be sent within 24 h reporting period | | | | | | | | | | | | | | | | | |
| **INFORMATION SOURCE FOR FOLLOW-UP no. \_\_** | | | | | | | | | | | | | | | | | |
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| **Name / job title of person completing report:** | | | | / | | | | | | | | | |  | | | |
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| **Email:** | |  | | | | | | | | | **Telephone:** | |  | | |  | |
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| **PI Name** | |  | | | | **PI Signature:** | | | *Date:* | | | | | | |  | |
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| **ALL Reports must be signed and dated by the Principal Investigator** *(or suitably qualified clinician listed on the delegation log)*  If signatory is unavailable, the unsigned form must still be sent within 24 h reporting period | | | | | | | | | | | | | | | | | |
| **INFORMATION SOURCE FOR FOLLOW-UP no. \_\_** (if required, continue on an additional CR006-T04 form) | | | | | | | | | | | | | | | | | |
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| **Name / job title of person completing report:** | | | | / | | | | | | | | | | | | |  | |
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| **PI Name** | |  | | | | **PI Signature:** | | | *Date:* | | | | | | |  | |
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| **ALL Reports must be signed and dated by the Principal Investigator** *(or suitably qualified clinician listed on the delegation log)*  If signatory is unavailable, the unsigned form must still be sent within 24 h reporting period | | | | | | | | | | | | | | | | | |
| **Original wet signature sheets must be filed in the Investigator Site File (ISF).**  **ACCORD will retain a copy on file.** | | | | | | | | | | | | | | | | | |