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

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| --- |
| **REPORT DETAILS** |
|  |
| **Study Name:** |  | **Sponsor Number:** | AC |  |
|  |
| **Centre Name:** |  | **Centre ID:** |  |  |
|  |
|  |
| **Participant ID:** |  | **Date of onset:** |  |  |
|  |
| **INFORMATION SOURCE FOR FOLLOW-UP no. \_\_** |
|  |
| **Name / job title of person completing report:** | / |  |
|  |
| **Email:** |  | **Telephone:** |  |  |
|  |
| **PI Name** |  | **PI Signature:** |  *Date:* |  |
|  |
| **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. \_\_** |
|  |
| **Name / job title of person completing report:** | / |  |
|  |
| **Email:** |  | **Telephone:** |  |  |
|  |
| **PI Name** |  | **PI Signature:** |  *Date:* |  |
|  |
| **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) |
|  |
| **Name / job title of person completing report:** | / |  |
|  |
| **Email:** |  | **Telephone:** |  |  |
|  |
| **PI Name** |  | **PI Signature:** |  *Date:* |  |
|  |
| **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.** |