



ID NUMBER:																				
------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FORM CODE: SAE  
VERSION: A 07/09/2010

Contact Occasion: 

0	1
---	---

SEQ # 

0	0
---	---

8. Describe the event (Enter in a notelog on DMS.)

--

9. Indicate whether the event is:  1 Ongoing  2 Resolved

10. Describe what action was taken (Enter in a notelog on DMS.)

--

11. Likelihood of relationship to participation in HCHS/SOL:

- 1- Unrelated (clearly not related)
- 2- Unlikely (doubtful related)
- 3- Possible (may be related)
- 4- Probable (likely related)
- 5- Definite (clearly related)

---

**B. ACTIONS TAKEN BY INVESTIGATORS - Completed by the HCHS/SOL Coordinating Center**

12. Reported to: NHLBI 

--	--	--	--	--	--	--	--

 OSMB 

--	--	--	--	--	--	--	--

13. Was a change to the protocol made because of this SAE?

- Yes      If Yes, date changed: 

--	--	--	--	--	--	--	--
- No

14. Were any other actions taken by the investigators in response to this SAE?

- Yes      If Yes, date actions taken: 

--	--	--	--	--	--	--	--
- No

15. If yes to either of the above questions, please specify: \_\_\_\_\_

16. Completion Date: 

--	--	--	--	--	--	--	--

 CSCC Staff ID: 

--	--	--

---