**Trillium Health Partners – Research Ethics Board**

**Serious Adverse Event Report**

Date form completed:

Study Title:

Study Sponsor:

Drug/Product Manufacturer (if different from the sponsor):

| **Sponsor Notification Date** | **Date of Manufacturer's Report** | **Safety Report #** | **Trillium Patient\*\* (yes or no)** | **Event in this Trial** | **Drug Under Study** | **Other Suspect Drug(s)** | **Relevant Concomitant Drug(s)** | **Date of Event** | **Description of Event** | **Relation to Study Drug** | **Company Clinical Comment** |
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Completed by:       Signature:                           Date:

\*\*For all SAE’s that involve a Trillium Patient, you must submit a copy of the SAE report filed with the company