

SITE N°: PROJECT CODE (Sponsor)	PATIENT N°:	REPORT TYPE: <input type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOW UP	RANDOMIZATION:
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**ADDITIONAL FORM RELEVANT LABORATORY/DIAGNOSTIC TEST(S)
 PROCEDURE (S) (Including laboratory values preceding the event)**

Name of test	Result (units)	Normal Range	Date of test		
			dd	mmm	yyyy
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					