

SITE Nº: PROJECT CODE (Sponsor)	PATIENT Nº:	REPORT TYPE: <input type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOW UP	RANDOMIZATION:
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ADDITIONAL FORM TREATMENT(S)/PROCEDURE FOR SAE

Name of treatment/procedure	Total daily dose/unit	Start date			End date			Ongoing
		dd	mmm	yyyy	dd	mmm	yyyy	
1.								<input type="checkbox"/>
2.								<input type="checkbox"/>
3.								<input type="checkbox"/>
4.								<input type="checkbox"/>
5.								<input type="checkbox"/>
6.								<input type="checkbox"/>
7.								<input type="checkbox"/>
8.								<input type="checkbox"/>
9.								<input type="checkbox"/>
10.								<input type="checkbox"/>