

Serious Adverse Event (SAE) Report Form for ClinO Chapter 4. Other clinical trials

Instructions:

If, in the course of a clinical trial (ClinO, Chapter 4 Other clinical trials) an SAEs occurs in a participant in Switzerland, and **it cannot be excluded that the event is attributable to the intervention under investigation**, the investigator must report the SAE to the responsible ethics committee within 15 days (ClinO Art. 63 Abs 1).

If, in the case of a multicentre clinical trial, an SAE occurs at one of the trial sites, the coordinating investigator shall also report the event to the responsible ethics committee concerned, within 15 days (ClinO Art 63 Abs 4).

The SAE is reported to the responsible ethics committee through the submission portal BASEC. The procedure is given [here](#).

Complete the form by replacing all text modules in square brackets. Use "x" for check boxes.

Serious Adverse Event (SAE) information

Participant ID [code]	Year of birth [year]	Sex <input type="checkbox"/> F / <input type="checkbox"/> M <input type="checkbox"/> other, please specify:	SAE onset date [day/month/year]	SAE stop date [day/month/year or cont.] <input type="checkbox"/> ongoing	Date of SAE awareness [day/month/year]
Report type <input type="checkbox"/> Initial (Date: [day/month/year]) / <input type="checkbox"/> Follow up (if follow up, follow up number: [] Date: [day/month/year]) If it is a follow-up report, only additional information or information that has changed since previous					
SAE Main Term/Diagnosis: [free text] Description: Describe the SAE and provide details of assessments used for the diagnosis of SAE and/or any other information of relevance (including relevant tests/lab data, further signs and symptoms, development of the event, action taken to treat SAE, etc.) [free text]				Check SAE <input type="checkbox"/> study participant died <input type="checkbox"/> requires inpatient treatment not envisaged in the protocol or extends a current hospital stay <input type="checkbox"/> results in permanent or significant incapacity or disability <input type="checkbox"/> is life-threatening <input type="checkbox"/> causes a congenital anomaly or birth defect	

SAE causality

Relationship of event to intervention: <input type="checkbox"/> Not related (clearly not related to the intervention). If "not related" the SAE does not fulfil the requirements for reporting to the ethics committee. <input type="checkbox"/> Unlikely (any assessable reaction that does not fulfil the below conditions) <input type="checkbox"/> Possibly (temporal relationship, other cause possible) <input type="checkbox"/> Probably (temporal relationship, improve after dechallenge, no other cause evident) <input type="checkbox"/> Definitely (clearly related to intervention, temporal relationship, improve after dechallenge, recurrence after rechallenge, or other evident cause)
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Evaluation of event

Severity (tick one) <input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	Outcome (tick one) <input type="checkbox"/> recovered/resolved <input type="checkbox"/> recovered/resolved with sequelae Specify sequelae: [free text] <input type="checkbox"/> continuing <input type="checkbox"/> unknown <input type="checkbox"/> study participant died <input type="checkbox"/> other [free text]
In case of death: Cause of death: [free text] Date of death: [day/month/year] Autopsy performed: <input type="checkbox"/> Yes <input type="checkbox"/> No Autopsy report available: <input type="checkbox"/> Yes <input type="checkbox"/> No Do not send the autopsy report to the ethics committee, unless the ethics committee has specifically requested it	

General and reporter information

Clinical Trial Title [short title]	
EC name (concerned EC) [EC name]	EC name (lead EC, if applicable) [EC name]
BASEC Reference Number	[BASEC ID number]
Sponsor name and address (if different from investigator)	[address]
Investigator name and Site of SAE occurrence	[name and full address] [contact telephone, email address]
Name and contact information [name] [contact telephone, email address]	Place, date and signature