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***Annexure 1: AX 01/SOP 12/V2***

**Data elements for reporting Serious Adverse Events Occurring in a Clinical Trial**

(Schedule Y http://dbtbiosafety.nic.in/act/schedule\_y.pdf)

**1. Patient Details**

1. Initials & other relevant identifier (hospital/OPD record number etc.)\*
2. Gender
3. Age and/ or date of birth
4. Weight
	1. Height
5. **Suspected Drug(s)**
	1. Generic name of the drug \*
6. Indication(s) for which suspect drug was prescribed or tested
7. Dosage form and strength
8. Daily dose and regimen (specify units - e.g., mg, ml, mg/kg)
9. Route of administration
10. Starting date and time of day
11. Stopping date and time, or duration of treatment

**3. Other Treatment(s)**

Provide the same information for concomitant drugs (including non prescription/ OTC drugs) and non-drug therapies, as for the suspected drug(s).

1. Details of Suspected Adverse Drug Reaction(s)
	1. Full description of reaction(s) including body site and severity, as well as the criterion (or criteria) for regarding the report as serious. In addition to a description of the reported signs and symptoms, whenever possible, describe a specific diagnosis for the reaction.\*
2. Start date (and time) of onset of reaction.
3. Stop date (and time) or duration of reaction.
4. Dechallenge and rechallenge information.
	1. Setting (e.g. hospital, out-patient clinic, home, nursing home).
5. Outcome
	1. Information on recovery and any sequelae; results of specific tests and / or treatment that may have been conducted.
6. For a fatal outcome, cause of death and a comment on its possible relationship to the suspected reaction; Any post mortem findings.
	1. Other Information: anything relevant to facilitate assessment of the case, such as medical history including allergy, drug or alcohol abuse; family history, findings from special investigations etc.
7. Details about the Investigator
8. Name
9. Address
10. Telephone number
11. Profession (speciality)
12. Date of reporting the event to Licensing Authority:
13. Date of reporting the event to Ethics Committee overseeing the site:
14. Signature of the Investigator