

## GUIDANCE ON ADVERSE EVENT REPORTING

### WHAT TO REPORT

- Any Serious Adverse Reaction (SAR) that occurs up to 28 days after randomisation
- Refer to Protocol Page 13 for full trials adverse event definitions

# Please consider the following when assessing if the event is a Serious Adverse Reaction:

The event should be any untoward medical occurrence that:

Fulfils one of the seriousness criteria outlined below: (i.e. Q5. of SAR form)

- results in death;
- is life-threatening;
- requires inpatient hospitalisation or prolongation of existing hospitalisation;
- results in persistent or significant disability/incapacity
- other 'important medical events'

Is **suspected to be related** to the trial medication? (i.e. Q6. of the SAR form)

"A Serious Adverse Reaction is an adverse event that is both serious and, in the opinion of the reporting investigator, believed with reasonable probability to be due to the trial treatments, based on the information provided."

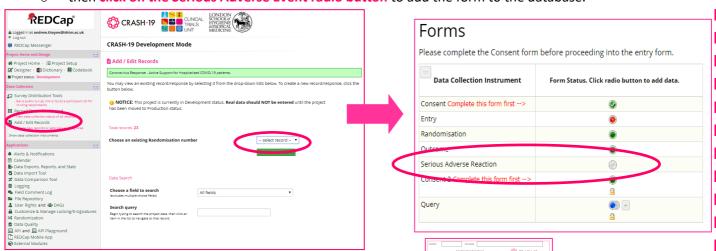
### ONLY IF THE EVENT MEETS BOTH OF THESE CRITERIA = REPORT

AND

Ensure the participant is assessed daily for any SARs

#### HOW TO REPORT

- To avoid the use of paper forms, all serious adverse reaction data should be entered directly into the database
  - the database is located here: <a href="https://ctu-redcap.lshtm.ac.uk/">https://ctu-redcap.lshtm.ac.uk/</a>
  - SAR data should be entered within 24 hours of the investigator becoming aware of the event
  - o an electronic copy of the completed SAR form will be provided to keep in your Investigator's Site File
- The Serious Adverse Reaction form can be accessed by clicking 'Add / Edit Records' as below, choosing the relevant existing **Randomisation Number** from the drop down menu.
  - then click on the Serious Adverse Event radio button to add the form to the database.



- If a paper copy is used for initial data collection:
  - blank, paper copies of the Serious Adverse Reaction form can be found in Section 7: Blank Forms & Logs of the Investigator Site File 1 (ISF)

Protocol Number: NCT0434300

Page 1 of 2

CRASH-19 Guidance on Adverse Events Reporting Version 1.0; 21 May 2020



GUIDANCE FOR COMPLETING THE SERIOUS ADVERSE REACTION FORM	
Initial/ Follow up	<ul> <li>Indicate Initial if this is the first time the event is being reported; Follow-up to report any subsequent/change in information about the event i.e. update to 'outcome' upon final review</li> </ul>
Q2. Adverse Event medical term	<ul> <li>Record one diagnosis only per event. Signs and symptoms should be avoided unless the diagnosis/cause is unknown.</li> <li>Do not use abbreviations (o.g. do not use AE for atrial fibrillation).</li> </ul>
Q5. Seriousness criteria	<ul> <li>Do not use abbreviations (e.g. do not use AF for atrial fibrillation)</li> <li>Indicate ALL that apply – can be more than one</li> <li>The seriousness criteria should be an assessment of the seriousness in relation to the specific event only, not the participant status as a whole</li> </ul>
Q6. Expectedness	<ul> <li>Indicate if the event is an expected event in view of the participant's medical history</li> <li>If yes, consider if this event is 'suspected to be related to the trial intervention' and should be reported</li> </ul>
Q7. Assessment of causality	<ul> <li>NOT SUSPECTED: As specified in the protocol, this does not need to be reported as an adverse event</li> <li>SUSPECTED: There is evidence to suggest a causal relationship with administration of the trial treatment and the influence of other factors is unlikely. Please give a reason</li> </ul>
Q8. Outcome of the SAR	<ul> <li>Provide outcome at final review of participant/event. You will be asked to continue event follow-up until stabilised or resolved. Note: The outcome refers to the participant status regarding the reported event only and not the participant's general state of health (except death)</li> </ul>
Q12. Action taken	<ul> <li>Please tick ALL actions taken to manage the event</li> <li>Details of adjusted dosages and therapies given can be stated in Q14</li> <li>Note: If 'hospitalisation' has been provided as a seriousness criteria for the event at Q5, consider if 'hospitalisation' should be marked as an action taken also</li> </ul>
Q14. Additional information	Fully describe the nature, severity, cause and any other information that helps understanding of the SAR. Describe the therapeutic measures taken and, if available, outcome details
Q16. Concomitant medications	<ul> <li>List all medications (generic names only) that the participant was taking at onset of the event (use a separate sheet if not enough space)</li> <li>Note: this should not be updated with any newly prescribed medications in the management of the event - these should be reported at Q12 and Q14</li> <li>Drug frequency – for standardisation, please use the following terms: 'Once daily'; 'Twice daily'; Three times daily'; Four times daily'; Once weekly; Twice weekly; Three times a week; Every 2 weeks; Once monthly; 'PRN' to indicate 'as required'; Other (specify)</li> </ul>
Principal Investigator Review	
Q20. Principal Investigator review	<ul> <li>Once an SAR has been fully resolved, there will be a request for a final certification from the PI to:</li> <li>Review the SAR in its entirety (initial and any follow-ups)</li> <li>Confirm that the final SAR report form is accurate according to the medical records</li> <li>Confirm the final diagnosis of the event</li> <li>Record their name, date and signature at Q20 on the SAR report form</li> <li>Update the PI certification fields on the database as confirmation that review has been completed</li> </ul>