



Patient Initials [][][][]

PB-SAM Number [1][0][][][][]

PRE-DEFINED SUSPECTED GRADE 3 or 4 DRUG TOXICITY

The medicines being used in PB-SAM are licensed drugs with a known profile of adverse reactions. Assessment of safety will therefore focus on severe and causally related events. Clinical or laboratory toxicity will be reported if Grade 3 or 4 according to the Division of AIDS table for grading severity of adverse events: http://rsc.techres.com/Document/safetyandpharmacovigilance/DAIDS_AE_Grading_Table_v2_NOV2014.pdf

If abnormalities are known to be already present at enrolment, or are due to other identifiable factors, this need not be reported as a causally-related toxicity. Only record new events whilst the child is receiving study drugs.

Always act in the best interests of the child. When possible, discuss any decisions regarding stopping study drugs because of suspected toxicity with the PB-SAM PI, clinical lead, designee or local safety monitor. They can also provide information on other aspects of management of adverse reactions.

A grade 3 or 4 toxicity event may also constitute an SAE, and should also be reported on an SAE CRF.

1. STUDY MEDICATION DETAILS

<p>1.1. Which study drugs is the child receiving?</p> <p>a) Pancreatic Enzymes/Placebo</p> <p>i. Date and time of start</p> <p>ii. How many doses have been given?</p>	<p><input type="checkbox"/> Pancreatic Enzymes/Placebo</p> <p>___ / ___ / _____ ___ : ___ 24h Clock <i>D D / M M / Y Y Y Y h h m m</i></p> <p>___ doses</p>
<p>b) Bile Acids/Placebo</p> <p>i. Date and time of start</p> <p>ii. How many doses have been given?</p>	<p><input type="checkbox"/> Bile Acids/Placebo</p> <p>___ / ___ / _____ ___ : ___ 24h Clock <i>D D / M M / Y Y Y Y h h m m</i></p> <p>___ doses</p>

<i>tick all that apply</i>	2. SUSPECTED GRADE 3 or 4 TOXICITY	Definition
2.1. Allergic & Cutaneous	<p><input type="checkbox"/> Not applicable</p> <p><input type="checkbox"/> Generalized urticaria</p> <p><input type="checkbox"/> Angioedema with intervention indicated</p> <p><input type="checkbox"/> Symptoms of mild bronchospasm</p> <p><input type="checkbox"/> Acute anaphylaxis</p> <p><input type="checkbox"/> Life-threatening bronchospasm</p> <p><input type="checkbox"/> Laryngeal oedema</p>	<p>Clinical diagnosis</p> <p>Clinical diagnosis</p> <p>Clinical diagnosis</p> <p>Clinical diagnosis</p> <p>Clinical diagnosis</p> <p>Clinical diagnosis</p>
2.2. Diarrhoea	<input type="checkbox"/> Not applicable	

PB-SAM Toxicity CRF v1.0



Patient Initials [][][][]

PB-SAM Number [1][0][][][][]

	<input type="checkbox"/> Increase of ≥ 7 stools per 24-hour period <input type="checkbox"/> IV fluid replacement indicated <input type="checkbox"/> Life-threatening consequences (e.g., hypotensive shock)
2.3. Hepatic	<input type="checkbox"/> Not applicable <input type="checkbox"/> Abnormal liver function ALT 5.0 to < 10.0 x ULN <input type="checkbox"/> Abnormal liver function Total bilirubin 2.6 to <5.0 x ULN <input type="checkbox"/> Abnormal liver function ALT > 10.0 x ULN <input type="checkbox"/> Abnormal liver function Total bilirubin >5.0 x ULN

Write details in the description box on the next page; ULN, upper limit of normal based on local laboratory reference values

3.1. Was the study drug stopped?	<input type="checkbox"/> Y* <input type="checkbox"/> N	If Y, Date: ____/____/_____ <i>D D / M M / Y Y Y Y</i>	Time: ____:____
---	--	--	--------------------

** if Y, also complete the drug discontinuation section in the Study Conclusion CRF*

3.2. Description including concurrent medication, management undertaken and outcome

4. Toxicity CRF completed by		Date	Time
<i>initials</i>	_____	____/____/_____ <i>D D / M M / Y Y Y Y</i>	____:____
5. Toxicity CRF Reviewed by		Date	Time
<i>initials</i>	_____	____/____/_____ <i>D D / M M / Y Y Y Y</i>	____:____