Please provide the following

State the names of the Author/Reviewer/Approver.

Author: ***Emma Hainsworth & Cybil Kwakye***

*Reviewers(s):****Lynda Harper & Ann Marie Swart***

Approver: ***Ann Marie Swart***

State what type of training will be needed for the Working Instruction.

Read & Understand \ Training Slides \ Training Sessions

Read & Understand List:

Everyone

Department(s)

SOPhocles Folder:

Document Name:

Version (if not first issue of document)

Associated documents:

Instructions to author –

Standard header and footers, and page numbers will be added to the document automatically when printing from SOPhocles.

Guidance for each section is given highlighted in yellow and should be removed and replaced with relevant text. Sub-headings should be used in each main section as appropriate.

Please contact a member of the SOP committee for further guidance.

SOP Committee member:

Instructions to administrator

Insert names for Author/Reviewer/Approver and delete before uploading into Sophocles.

If this Work Instruction does ***not*** *need training, the 30 day release delay can be removed.*

This page should be removed before the document is loaded into SOPhocles

Guidance notes on SAE form completion

The template SAE form has been designed for use in trials involving Investigational Medicinal Products (IMPs). Text and format should not be changed unless indicated in the table below.
Questions in the guidance and on the form should be re-numbered if questions are removed.

If your trial does not fall under the scope of the EU directive (i.e. does not involve an IMP, or is not taking place in the EU), the form can be changed to fit these purposes.
(Delete this section before circulation)

Notes:
Sections in Yellow should be deleted prior to circulation to centres.
Sections in Green can be used to replace standard sections or removed.

Please Note: SAE Forms should only be sent to the MRC CTU when the investigator (or delegate) can provide the mandatory information as described below:

a) a suspected investigational medicinal product
b) an identifiable subject (e.g. study subject code number)
c) an adverse event assessed as serious and unexpected, and for which

When an update on an event requires only small changes from the original report it is sufficient to update the original copy (initialling and dating any changes) and fax the SAE form to the MRC CTU.

If an update to the SAE form would cause data to be obscured please complete a new SAE form, including the header information, the date of onset of the event (for identification of the event) and the relevant updated information. If the date of onset is being changed please make sure that the previous date of onset is also listed.

If recording both serious and notable adverse events the form can be renamed: Serious/Notable Adverse Event Form.

	Field	Changes permitted (Delete this column prior to circulation to centres)	Guidance for Investigators
1	Patient's Initials	None	Please enter the patient's initials as given at the time of randomisation
2	Date of Birth	None	Please enter the patient's date of birth
3	Patient's Trial No.	Include as many boxes as required (One digit should be entered in each box)	Please enter the patient's trial number. This is the patient's unique number in the trial, which they will have been allocated at randomisation.

4	Hospital No.	Optional (Some countries may not have this)	Please enter the patient's hospital number at the institution (hospital) where they were randomised.
5	Responsible Clinician	None	Please enter the name of the clinician who is responsible for the patient's care (randomising clinician).
6	Country	Remove if the trial is taking place in only one country	Please enter the country in which the institution (hospital) is located.
7	Institution	None	Please enter the institution (hospital) at which the patient was randomised.
8	Type of Report	None	First – Enter '1' in this box for the first report of the event Follow-up – Enter '2' in this box when providing the MRC CTU with any updated information. If it is a follow-up report enter the number of the follow-up report in the space provided.
9	Trial arm	Enter trial arms. Remove this field if the trial is blinded. Remove if trial is registration only. Code as described in the protocol and as it appears on the randomisation form.	Enter '1' if patient is on Arm A Enter '2' if patient is on Arm B etc … Explain as appropriate.
10	Sex	Remove this field if a sex specific disease.	Enter '1' if patient is Male Enter '2' if patient is Female
11	Height	Include decimal place if required.	Enter the patient's height in cm.

			Round up to nearest cm (unless decimal place included). This will have been collected at randomisation so there should be no need to re-measure the patient.
12	Weight	Include decimal place if required.	Enter the patient's weight in kg. Round up to nearest kg (unless decimal place included). The patient should be weighed at the time of the event if at all possible. If it is not possible to weigh the patient enter the patient's most recently recorded weight.
13	Body Surface Area	Optional field. Can also be completed by MRC CTU staff.	Calculate the patient's Body Surface Area (BSA) from their height (cm) and weight (kg)
14	Was the event serious, notable or both?	Remove question if there are no notable events in the trial.	Some protocols ask that certain 'notable' or 'safety critical' events, which do not fulfil the definition of serious, be notified to the MRC CTU on an SAE form. Enter '1' if the event is Serious Enter '2' if the event is Notable Enter '3' if the event is Both (i.e. is a Notable event, but in this instance is also Serious)
15	Why was the event serious? If using Q.14: If the event was serious, please	May use 6 = Other important medical condition Coding used reflects definition used in EU Directive, and from EudraCT guidance. Other important medical condition is taken from ICH E2A.	Enter why the event is classified as serious. This is the reason at the time of reporting, and may change throughout the course of an event. 'Life-threatening' refers to an event where the subject was

	specify reason below.		at risk of death at the time of event, it does not refer to an event that hypothetically might have caused death if it were more severe.
16	Where did the SAE take place If using Q.14: Where did the event take place	None Part of the reporting for EUDRACT	This refers to the actual place where the SAE happened, for example if the patient at a shop, this should be completed as 'other'. Enter the appropriate number in the box provided.
17	Main Diagnosis/ symptom		Give the most appropriate medical term for the diagnosis. List the main diagnosis/symptom in the first row. List up to two associated symptoms if appropriate. The main diagnosis may change during the course of the event. Investigators must judge if the patient's symptoms and signs are all linked to the same event. • If they are linked they should all be reported on one SAE form. • If symptoms are not linked to the main diagnosis they need to be reported on separate SAE forms.
18	Grade	Cancer group: CTCAE v30 HIV Group: DAIDS Grades may change on the SAE form but	General: Refer to protocol for appropriate grading system. Cancer: Refer to

		the worst grade overall will be recorded on the database.	CTCAE v3.0 for appropriate grade. HIV: Refer to DAIDS for appropriate grade. Give the grade at the time of assessment. The grade may change from report to report throughout the course of the event. 1 = Grade I / Mild 2 = Grade II / Moderate 3 = Grade III / Severe 4 = Grade IV / Life Threatening 5 = Fatal If the toxicity is not included in the criteria that are being used for this trial, then use the grading above as a guide. The worst SAE grade for a symptom experienced during the SAE should be considered when reporting the worst symptom experienced on the follow-up form.
19	Date of onset	None	Enter the date of onset of the event.
20	SAE status If using Q.14: Event Status	None	Enter the appropriate number. This may change over the course of the event. 1 = Resolved 2 = Resolved with sequelae 3 = Ongoing 4 = Worsened 5 = Fatal
21	Date resolved	None	Date SAE resolved or resolved with sequelae. This field should be left blank

			until the SAE has been resolved (with or without sequelae). An SAE is resolved when the event has ended.
	Trial Medications	**(Include as many rows as necessary)**	
22	Cycle Number	Cancer group specific. Remove if not applicable, e.g. if drugs are given continuously and not in distinct cycles.	Enter the cycle number (course) of the most recent cycle.
23	Trial drug	Cancer group chemotherapy trials: List all trial drugs in table	All of the possible trial drugs will be listed. Only complete details for the trial drugs you know the patient was receiving as a part of their protocol treatment. Blinded trial: fill in the details for all of the drugs and assess the causality and expectedness (if appropriate) of the event as if the patient were receiving that drug.
24	Date of first administration	None	First date that drug was given to the patient/taken by the patient on protocol
25	Actual dose given at most recent administration	None	Actual dose of drug given at the most recent administration
26	Date of most recent administration	None	Date the drug was most recently administered to the patient/taken by the patient
27	Route	Optional	Route of administration of the trial drug

28	Causal relationship to SAE If using Q.14: Causal relationship to event	None	Investigator must determine whether the protocol medication is related to, or caused, the event. Definitions and further guidance can be found in the trial protocol The determination of whether the event is related to an individual trial drug(s) is as follows: 1 = Definitely – the SAE is clearly related to specified drug 2 = Probably – the SAE is likely related to specified drug 3 = Possibly – the SAE may be related to the specified drug 4 = Unlikely – the SAE is doubtfully related to the specified drug 5 = Not related – the SAE is clearly not related to the specified drug 6 = Administration. The event is related to the route of administration of the drug. If the patient is receiving more than one drug and the investigator is unsure which drug is causing the event, indicate that the event is possibly related to each of the drugs.
29	Expectedness	Remove if the expectedness assessment is being undertaken centrally.	Investigator must determine if the event is a recognised side effect of the trial drugs. Investigators should

			refer to the reference documents as specified in the protocol (e.g. IB, SPC, list of expected toxicities) If the event was more serious than expected, or had a different presentation than expected, this should be recorded as unexpected An expectedness assessment is not required if the event is unlikely or not related to drug.
30	Action Taken due to SAE If using Q.14: Action taken due to event	None	Enter the appropriate number. This may change over the course of the event. 0 = None 1 = Dose reduction 2 = Treatment delayed or interrupted 3 = Treatment reduced and delayed 4 = Treatment permanently stopped
Causal Relationship to other treatments			**(Include as many rows as appropriate)**
31	Treatment	None	
32	Total daily dose	None	Enter NA (not applicable) if the other treatment is surgery.
33	Route	None	Enter NA (not applicable) if the other treatment is surgery or radiotherapy, or other non-drug.
34	Start date	None	Date other treatment first started
35	Ongoing	None	Has the patient stopped the treatment? If No, indicate ongoing treatment and skip the next question
36	End date	None	Date other treatment finished if known.

			Enter NA (not applicable) if other treatment is ongoing.
37	Causal relationship	None	Investigator must determine if this other treatment given is related to, or caused, the event.
38	Action taken	None	Enter the appropriate number. This may change over the course of the event. 0 = None 1 = Dose reduction 2 = Treatment delayed or interrupted 3 = Treatment reduced and delayed 4 = Treatment permanently stopped
39	Describe serious adverse event If using Q.14: Describe event	This section may be increased or decreased as space allows.	Describe the symptoms and signs the patient experienced during the manifestation and progression of the event. Describe any treatments given in response to the event. If the date of onset is before the date the event first became serious, give the date when the event became serious. Please give all relevant medical details. The clinical reviewer will query the form if appropriate details are missing.
	Diagnostic Tests		
40	Relevant Test	None	List relevant tests carried out, e.g. WBC, neutrophil counts
41	Date	None	Enter the date the test was performed

42	Normal Range	None	Enter the normal range for this parameter
43	Test Result (and units)	None	Enter the test result and the units.
	Additional Information		
44	Date you became aware of this event?	None	Enter the date you first became aware of the event
45	Do you consider this event likely to have been caused by anything other than the treatments listed previously on this form?	None	This means anything in addition to the trial treatment or other treatment that the patient received. Enter: 0 = No 1 = Yes
	If, Yes specify	None	Give details of any other information that may be relevant in assessing the causality of the event. Include: medical history, drug or alcohol abuse, family history, findings from special investigations
	Sign-off Section		
	Signature	None	The SAE form should be completed by the Investigator (consultant named on the signature list and delegation of responsibilities log) who is responsible for the patient's care. In the absence of the responsible investigator the form should be completed and signed by a member of the site trial team. The responsible investigator should subsequently check

			the SAE form, make changes as appropriate, sign and then re-fax to the MRC CTU as soon as possible.
	Contact telephone number	None	Contact telephone number of the investigator responsible for the patient's care
	Print name		
	Date of completion	None	Date SAE Report was completed.
	CTU Clinical Reviewer Use ONLY section	**(Delete this whole section prior to circulation to centres)**	
	Classification of event		Clinical Reviewer gives their assessment of the event
	Comments		Clinical reviewer adds their comments for the line listing (if appropriate)
	Clinical Reviewer's Signature		Clinical Reviewer signs off the reviewed SAE form
	Date checked by clinical reviewer		Date SAE form reviewed by Clinical Reviewer
	MRC CTU Use ONLY section		
	Event Number		Each SAE is given a unique event number
	If SUSAR, date sent to MHRA & MREC If an international trial: If SUSAR, date sent to regulatory and ethics commitees		Date SAE reported to regulatory and ethics committees
	Date form checked and ready to file		To be completed by the trial manager once all queries on the form

			have been resolved and all appropriate actions taken
	MRC CTU Staff Signature		To be signed once the form has been checked and is ready for filing.