



SLEEP HEART HEALTH STUDY

ALERTS AND ADVERSE EVENTS ACTION

Field Site ID: CLINIC

Participant ID#: PPTID

Alpha Code: SHHS

Date form initiated: FORMDATE - 2 / 0 / 0

Visit ID Code: F / 0 / 2 **VISIT**

Form & revision: A / A / 3 **FORMREV**

Form sequence #: FORMSEQ

Instructions: This form is to be used only if there are Alerts or Adverse Events noted on form AE.

A. Immediate Medical Alerts (If no Immediate Alerts, skip to section B.)

Complete items 1-3 only if any Immediate Alerts were noted in Section A, Item 1 of the "Alerts and Adverse Events" Form (AE).

1. SHHS physician notified by telephone: aa301 ₁ Yes ₀ No

If No, skip to item 1d.

a. MD Name: aa301a

b. Date notified: aa301b / / - 2 / 0 / 0

c. Time: aa301ch / aa301cm ₁ am ₂ pm aa301cp

Skip to item 2.

d. Reason SHHS physician not notified:

aa301ds

aa301dt

aa301du

2. Other physician notified: aa302 ₁ Yes ₀ No

*If No, skip
to item 2e.*

Method of notification

a. Telephone: ₁ Yes ₀ No ← aa302a

b. Letter: ₁ Yes ₀ No aa302b

c. MD Name: aa302c _____

d. Date notified: aa302d month day - year

Skip to item 3.

e. Reason other physician not notified: ←

aa302es _____

aa302et _____

aa302eu _____

7. Other action taken: aa307

₁ Yes ₀ No

If yes, specify:

aa307s

aa307t

aa307u

D. Administrative information

Field Site Use Only

8. Technician or Reviewer: aa308 _ _

9. Date: aa309 _ _ - 2 0 0 _
month day year