SERIOUS ADVERSE EVENT FORM

Please report any **serious, unexpected** adverse events* believed to be due to the treatments given as part of the PD MED trial by completing this form.

Patient's full name: _____

Date of birth: ___/___/___ PD MED Trial No ☐☐☐☐☐

Hospital Number

Hospital _____

Responsible doctor: _____

Date event started: ___/___/___ Date event ceased: ___/___/___

Outcome: Fatal ☐ Recovered ☐ Continuing ☐

Details of adverse event (please attach copies of relevant reports): _____

Did the event require or prolong hospitalisation? No ☐ Yes ☐ No.of days: ☐

Please give reasons why you consider the event to be treatment-related: _____

Name of person reporting:
(please PRINT) _____

Telephone Number _____

Signed: _____ Date ___/___/___

Please return this form, as soon as possible, (with copies of any relevant reports) to:

PD MED Trial Office, The University of Birmingham, Birmingham Clinical Trials Unit,
FREEPOST RRKR-JUZR-HZHG, Birmingham, B15 2TT
or fax to 0121 415 9135

***For the purposes of this study, "**serious**" adverse events are those which are fatal, life-threatening, disabling or require hospitalisation. "**Unexpected**" adverse events are defined as those that would not be expected among elderly patients given anti-parkinsonian medication (which has certain expected side-effects) for Parkinson's disease (which has expected symptoms). It is not required to report in this way non-serious side-effects or events that might reasonably be expected, such as disease progression. In the event of a death an Annual Follow-up Form should also be completed as soon as possible and returned to the PD MED Trial Office.