GOAL INTERNATIONAL STUDY (Amgen ISS: 20187438)

Serious Adverse Event / Adverse Event Reporting

PLEASE COMPLETE THE INFORMATION IMMEDIATELY UPON YOUR KNOWELDGE OF THE OCCURANCE OF A SERIOUS ADVERSE / ADVERSE EVENT

Principal Investigator Name: _____

Name of Person completing this Form (if different): _____

Contact Telephone: _____ Email: _____

Patient ID	
Gender	
Adverse Event	
Date of Onset	
Outcome	

Please indicate "N/A" if causality is attributed to a non-Amgen drug

Name of Amgen Drug	
Daily Dose	
Frequency	
Route	
Causality to Amgen Drug	
Date of First Treatment	
Date of Last Dose Before AE/SAE	

Review and Submit to clinicaltrials@chrc.net