PATIENT ID	AE START DATE	AE SERIOUS	AE SEVERITY	AE DESCRIPTION
201	09/20/2006	NO	2	BILATERAL SHOULDER-PAIN
	09/06/2006	NO	3	LEFT GROIN PAIN
	09/10/2006	NO	4	LEFT HYDRONEPHROSIS-BX/STENT
	07/25/2006	NO	2	LEG CRAMPS (INCREASED)
203	09/26/2006	NO	2	BILAT. ANKLE EDEMA (3+)
	09/26/2006	NO	2	GROSS HEMATURIA
	11/21/2006	NO	2	INCREASED WEAKNESS-PROXIMAL LEGS
	09/13/2006	NO	2	UTI (URINE-BACTERIA (MOD))
204	11/21/2006	NO	2	CIRCUMFERENTIAL PAIN LOW BACK TO ABDOMEN & HIPS
	11/06/2006	YES	3	DVT-RIGHT LEG (SAE FILED)
	10/24/2006	NO	2	INCREASED NOCTURIA
	11/08/2006	NO	2	MENTAL CONFUSION
205	11/17/2006	NO	2	PAIN LEFT MID-BACK
206	01/30/2007	YES	5	RIGHT SUBDURAL HEMATOMA (SEE SAE REPORT)
208	01/23/2007	YES	3	BACTEREMIA
	03/06/2007	NO	2	INCREASED FATIGUE
	01/23/2007	YES	3	UROSEPSIS
210	06/11/2007	NO	2	LOW BACK PAIN-INCREASED
211	05/16/2007	YES	2	$\begin{array}{lll} \text{ADMIT-AFTER PROCEDURE (NEPHROSTOGRAM AND CYSTOSCOPY) FOR PAIN CONTROL } \end{array}$
	05/21/2007	NO	2	ANOREXIA
	04/02/2007	NO	2	FATIGUE
	03/30/2007	NO	2	HEMATURIA (URINE BLOOD)
	03/17/2007	NO	2	HEMATURIA-(URINE-BLOOD)
	03/14/2007	NO	3	INCREASED COLICKY PAIN
	05/21/2007	NO	2	INCREASED PAIN LEFT FLANK
	03/27/2007	NO	2	INSOMNIA
	03/21/2007	NO	4	LEFT KIDNEY URETERAL OBSTRUCTION (PERCUTANEOUS NEPHROSTOMY)
	03/29/2007	NO	2	PAIN-LEFT BACK
	04/09/2007	NO	2	UPPER ABDOMINAL MIDLINE CRAMPY PAIN
	04/02/2007	NO	2	WEIGHT LOSS (#204)
	05/21/2007	NO	3	WT LOSS (#198.5)
	04/09/2007	NO	2	WT LOSS (#209)
213	06/25/2007	NO	2	HEMATURIA
214	10/10/2007	NO	2	INTERMITTENT DEHYDRATION
	09/02/2007	NO	3	INTERMITTENT NAUSEA-INCREASED
	09/02/2007	NO	2	INTERMITTENT VOMITING
	08/18/2007	NO	3	PAIN INCREASED-HIPS/FEMURS
	08/31/2007	NO	3	PAIN-MID THORACIC SPINE

11.5.3b Traffic Lighting: REPORT Adverse Event List

PATIENT ID	AE START DATE	AE SERIOUS	AE SEVERITY	AE DESCRIPTION
	09/10/2007	NO	3	PAIN-RIGHT SCAPULA
	10/10/2007	NO	2	URINARY TRACT INFECTION