

# 1 Report

## Serious Adverse Event Report

Event 30-Nov-2021 - report of 30-Nov-2023 - 15:39 UTC, revision 7

Initial Report Date 21-Jul-2023

Date of this report 30-Nov-2023

Investigator/reporter Julia Macias

Study Protocol (Id and Title) H-34 - DELTA Revision study

Site Information 101 - Samodzielny Publiczny Szpital Kliniczny im. Prof. Adama Grucy CMKP

Patient ID 1

Event onset 30-Nov-2021

Report type InitialAndFinal

Date of Study Team Aware 30-Nov-2021 00:00

Title of clinical study H-34 - DELTA Revision study

Name of the healthcare facility Samodzielny Publiczny Szpital Kliniczny im. Prof. Adama Grucy CMKP

Name of the Principal Investigator Jerzy Bialecki

Name of the medical device involved N/A

Components involved N/A

ID number of study subject 101 - 1

Age 48

Gender Female

Attribution within the clinical investigation TreatmentGroup

# 1 Report

Adverse Event (diagnosis, if known, or signs/symptoms)	Surgery of the controlateral side.
Event narrative	Total hip replacement of rigt hip.
Admission date (dd-mmm-yyyy)	29-Nov-2021
Discharge date (dd-mmm-yyyy)	03-Dec-2021
Classification of the adverse event	Hospitalization
Outcome of the event	Recovered 03-Jan-2022
Relevant concomitant drugs and date of administration	
Detail all possible and suspected causes including relevant medical histor	
Current clinical status	
Severity	Moderate
Causality: relationship to study medical device	NotRelated
Causality: relationship to study procedure	NotRelated
Expectedness	NA
Action taken	None
Was the device permanently removed?	No
Detailed treatment	
Relevant medical history	None
Relevant medical records	None

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Laboratory Results	None
Imaging Methods (e.g., X-ray, CT-scan)	None
Other (please specify)	None
Submitter	Investigator
Name of submitter	Julia Macias

# Clinical Study: H-34 DELTA Revision study

## Patient ID: 101/1

### Form: Adverse event

Date	Time	User	Values
30-Nov-2023	15:39:24 (UTC)	Julia Macias (maciasjulia@gmail.com)	- Expectedness: from <b>Anticipated</b> to <b>N/A</b>
30-Nov-2023	15:38:38 (UTC)	Julia Macias (maciasjulia@gmail.com)	- Name of the medical device involved: from <b>&lt;empty&gt;</b> to <b>&lt;empty&gt;</b> - Components involved: from <b>&lt;empty&gt;</b> to <b>&lt;empty&gt;</b> - Outcome / Recovered date: from <b>&lt;empty&gt;</b> to <b>03-Jan-2022</b>
30-Nov-2023	15:15:13 (UTC)	Julia Macias (maciasjulia@gmail.com)	- Name of the medical device involved: from <b>&lt;empty&gt;</b> to <b>&lt;empty&gt;</b> - .IsMedicalDeviceNameNA: from <b>False</b> to <b>True</b> - Components involved: from <b>&lt;empty&gt;</b> to <b>&lt;empty&gt;</b> - .IsMedicalDeviceComponentsNA: from <b>False</b> to <b>True</b>

21-Jul-2023	14:44:54 (UTC)	Julia Macias (maciasjulia@gmail.com)	- Attachment added: <b>rtg2.jpg</b>
21-Jul-2023	14:44:45 (UTC)	Julia Macias (maciasjulia@gmail.com)	- Attachment added: <b>rtg1.jpg</b>
21-Jul-2023	14:43:24 (UTC)	Julia Macias (maciasjulia@gmail.com)	- Action taken regarding study device / Other: from <b>&lt;empty&gt;</b> to <b>&lt;empty&gt;</b> - Event Onset: from <b>30-Nov-2022</b> to <b>30-Nov-2021</b> - Notes: from <b>&lt;empty&gt;</b> to <b>&lt;empty&gt;</b>
21-Jul-2023	14:42:33 (UTC)	Julia Macias (maciasjulia@gmail.com)	- ReportType: value <b>InitialAndFinal</b> - Initial Report Date: value <b>21-Jul-2023</b> - Report Date: value <b>21-Jul-2023</b> - Date of Study Team Aware: value <b>30-Nov-2021</b> - Time team became aware (24 hr clock): value <b>00:00:00</b> - Title of clinical study: value <b>DELTA Revision study</b> - Protocol ID: value <b>H-34</b> - Name of the healthcare facility: value <b>Samodzielny Publiczny Szpital Kliniczny im. Prof. Adama Grucy CMKP</b> - Name of the Principal Investigator: value <b>Jerzy Białecki</b> - Name of the medical device involved: value <b>&lt;empty&gt;</b>

			<ul style="list-style-type: none"> <li>- IsMedicalDeviceNameNA: value <b>False</b></li> <li>- Components involved: value <b>&lt;empty&gt;</b></li> <li>- IsMedicalDeviceComponentsNA: value <b>False</b></li> <li>- ID number of study subject: value <b>101 - 1</b></li> <li>- Age: value <b>48</b></li> <li>- Gender: value <b>Female</b></li> <li>- Attribution within the clinical investigation: value <b>TreatmentGroup</b></li> <li>- Adverse Event (diagnosis, if known, or signs/symptoms): value <b>Surgery of the controlateral side.</b></li> <li>- Event narrative: value <b>Total hip replacement of rigt hip.</b></li> <li>- Admission date (dd-mmm-yyyy): value <b>29-Nov-2021</b></li> <li>- IsEventInformationAdmissionDateNA: value <b>False</b></li> <li>- Discharge date (dd-mmm-yyyy): value <b>03-Dec-2021</b></li> <li>- IsEventInformationDischargeDateNA: value <b>False</b></li> <li>- Classification of the adverse event: value <b>Hospitalization</b></li> <li>- Outcome of the event: value <b>Recovered</b></li> <li>- Outcome / Recovered date: value <b>&lt;empty&gt;</b></li> <li>- Outcome / Recovered with sequalae date: value <b>&lt;empty&gt;</b></li> </ul>
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			<ul style="list-style-type: none"> <li>- Outcome / Fatal date: value <b>&lt;empty&gt;</b></li> <li>- Relevant concomitant drugs and date of administration: value <b>&lt;empty&gt;</b></li> <li>- Detail all possible and suspected causes including relevant medical history: value <b>&lt;empty&gt;</b></li> <li>- Current clinical status: value <b>&lt;empty&gt;</b></li> <li>- Severity: value <b>Moderate</b></li> <li>- Causality: relationship to study medical device: value <b>NotRelated</b></li> <li>- Causality: relationship to study procedure: value <b>NotRelated</b></li> <li>- Expectedness: value <b>Anticipated</b></li> <li>- Action taken: value <b>None</b></li> <li>- Was the device permanently removed?: value <b>False</b></li> <li>- If yes, then please specify date of removal surgery: value <b>&lt;empty&gt;</b></li> <li>- Action taken regarding study device / Other: value <b>&lt;empty&gt;</b></li> <li>- Detailed treatment: value <b>&lt;empty&gt;</b></li> <li>- Attachments / Relevant medical history: value <b>False</b></li> <li>- Attachments / Relevant medical records: value <b>False</b></li> <li>- Attachments / Laboratory Results: value <b>False</b></li> <li>- Attachments / Imaging Methods (e.g., X-ray, CT-scan): value <b>False</b></li> </ul>
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			<ul style="list-style-type: none"><li>- Attachments / Other: value <b>False</b></li><li>- Attachments / Other / Specify: value <b>&lt;empty&gt;</b></li><li>- Submitter: value <b>Investigator</b></li><li>- Name of submitter: value <b>Julia Macias</b></li><li>- Event Onset: value <b>30-Nov-2022</b></li><li>- Serious Event: value <b>True</b></li><li>- Id: value <b>1077</b></li><li>- Notes: value <b>&lt;empty&gt;</b></li></ul>
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