## **Safety Events V1.0.01.10.24**

| 1. Is any safety event reported?                          |                                                |
|-----------------------------------------------------------|------------------------------------------------|
| 2. Date reported to trial management team of safety event |                                                |
| 3. Type of safety event                                   | (Source: Medical record or treating physician) |
| 4. Elaborate on other safety event                        |                                                |
|                                                           | (Source: Medical record or treating physician) |
| 5. Investigator assessment of safety event                |                                                |
|                                                           | (Source: Investigator)                         |
| Any other comments?                                       |                                                |
|                                                           |                                                |



25-04-2025 9:32am