

ı	ID NUMBER: S A E DATE: 04/01/2016 Version 1.0					
	MINISTRATIVE INFORMATION  Completion Date: Month Day Year Ob. Staff ID:					
Instructions: This form should be completed within 48 hours of a serious adverse event. An adverse event is serious if it results in any of the following outcomes: Death, A threat to life, Requires (inpatient) hospitalization, Likely causes persistent or significant disability or incapacity, Likely associated with a congenital anomaly or birth defect, Requires treatment to prevent one of the outcomes listed above, other than for pre-existing conditions detected as a result of participation in ARIC, its tests and examination protocol. Serious adverse events (SAEs) are therefore unanticipated and unexpected, whether study related or otherwise.						
A	EVENT INFORMATION – Completed at the ARIC Field Center					
1.	Contract No.:					
2.	Principal Investigator:					
3.	Field Center:					
4.	Did the participant have more than one event during their visit? YES or NO (Y or N)					
5.	If Yes, which event number is this: (1 through 9)					
6.	Date SAE occurred:					
7.	Reported to: Principal Investigator    Yes   If Yes, date reported:					
	Field Center IRB					
8.	Category of the Serious Adverse Event Death					
	Specify:					

9. [	Describe the event:				
40.1					
10. lr	Indicate whether the event is:  o Ongoing  Resolved				
11.[	Describe what action was taken:				
12 I	Likelihood of relationship to participation in ARIC:				
12.L	Unrelated (clearly not related)A Unlikely (doubtful related)B				
	Possible (may be related)				