

Visit:	Demo Protocol Protocol Number 9999			<table style="width: 100%; border: none;"> <tr> <td style="border: none;"> _ _ </td> <td style="border: none;"> _ _ </td> <td style="border: none;"> _ _ </td> <td style="border: none;"> _ _ </td> <td style="border: none;"> _ _ </td> <td style="border: none;"> _ _ </td> <td style="border: none;"> _ _ </td> <td style="border: none;"> _ _ </td> </tr> <tr> <td colspan="8" style="text-align: center;">Assessment Date (mm-dd-yyyy)</td> </tr> </table>	_ _	_ _	_ _	_ _	_ _	_ _	_ _	_ _	Assessment Date (mm-dd-yyyy)							
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Form 35: Adverse Events

1	A. Adverse Event Name <small>Description of any new adverse events since last treatment week. If this is a baseline visit, please list any new adverse events since signing informed consent. (Please PRINT) List one per line</small>	B. AE # <small>This number is assigned by computer</small>	C. Onset Date <small>(mm-dd-yyyy)</small>	D. Resolution Date <small>(mm-dd-yyyy)</small>	E. Duration of episode if less than 24 hours <small>(hh-mm)</small>	F. Ongoing?		G. Interim?		H. Serious?	I. Severity <small>1=Mild 2=Moderate 3=Severe 4=Life threatening 5=Death</small>	J. Related to study treatment? <small>1=Not related 2=Unlikely 3=Possible 4=Probable 5=Definite</small>	K. Actions taken for this event (list all that apply) <small>1=None 2=Study drug discontinued 3=Con Med 4=Procedure 5=Hospitalized 6=Removed from study 9=Unknown</small>
						No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>				
2-1						<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N			
2-2						<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N			
2-3						<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N			
2-4						<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N			
2-5						<input type="checkbox"/> N	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N			
2-6						<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N			
2-7						<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N			
2-8						<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N			
2-9						<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N			