Patient Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Study # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cycle: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| AE | Grade | Attribution | Start | Stop | Ongoing | Immune Related | Is this considered a serious AE needing expedited reporting | Action taken |
|  |  |  |  |  |  | Yes  No | Yes  No |  |
|  |  |  |  |  |  | Yes  No | Yes  No |  |
|  |  |  |  |  |  | Yes  No | Yes  No |  |
|  |  |  |  |  |  | Yes  No | Yes  No |  |
|  |  |  |  |  |  | Yes  No | Yes  No |  |
|  |  |  |  |  |  | Yes  No | Yes  No |  |
|  |  |  |  |  |  | Yes  No | Yes  No |  |
|  |  |  |  |  |  | Yes  No | Yes  No |  |
|  |  |  |  |  |  | Yes  No | Yes  No |  |
|  |  |  |  |  |  | Yes  No | Yes  No |  |
|  |  |  |  |  |  | Yes  No | Yes  No |  |
|  |  |  |  |  |  | Yes  No | Yes  No |  |
|  |  |  |  |  |  | Yes  No | Yes  No |  |
|  |  |  |  |  |  | Yes  No | Yes  No |  |
|  |  |  |  |  |  | Yes  No | Yes  No |  |
|  |  |  |  |  |  | Yes  No | Yes  No |  |
|  |  |  |  |  |  | Yes  No | Yes  No |  |
|  |  |  |  |  |  | Yes  No | Yes  No |  |
|  |  |  |  |  |  | Yes  No | Yes  No |  |
|  |  |  |  |  |  | Yes  No | Yes  No |  |

*Attribution: 1 definitely related; 2 unlikely related; 3 possibly related; 4 probably related; 5 unrelated*

Investigators Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Page: \_\_\_\_\_ of \_\_\_\_\_