



PROTOCOL NUMBER: GD-FRMS
ADVERSE EXPERIENCES

Designing and printing case report forms can be a trial! For fewer "adverse experiences," please call Megisys at (310) 665-9291 and Terramar Graphics at (800) 300-6613.

SITE NUMBER

0	1
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 PATIENT NUMBER

9	1	1
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 PATIENT INITIALS

H	L	P
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first middle last

ADVERSE EXPERIENCE <input type="checkbox"/> NONE or list Diagnosis and Signs/Symptoms below	DATE OF ONSET day month year	 Check box if continuing	SERIOUS?*	SEQUELAE (DESIGN) (Check all that apply)	SEQUELAE (PRINTING AND DISTRIBUTION) (Check all that apply)	ACTION TAKEN
<i>FORM DESIGN: forms are confusing, difficult to complete, not coded for data entry and unappealing</i>	03 NOV 03 	<input checked="" type="checkbox"/>	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 7 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/> 8 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 6 <input checked="" type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2
<i>PRINTING SERVICE: forms cost too much, take too long to print, are bulky to store and difficult to ship</i>	03 NOV 03 	<input checked="" type="checkbox"/>	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 7 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/> 8 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 6 <input checked="" type="checkbox"/> 9	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2

*A serious adverse experience is any experience that illustrates an existing problem with the design or printing of your case report forms.