### Information requested | Response
---|---
**Sponsor reference number:** | 
**Study Title or acronym:** | 
**Chief investigator:** | 
**Principal investigator:** | 
**Study centre:** | 

### Serious Adverse Event Listing Table

<table>
<thead>
<tr>
<th>Patient Study ID</th>
<th>Date of SAE (dd/mm/yyyy)</th>
<th>Date Study Team Aware (dd/mm/yyyy)</th>
<th>Title of Event</th>
<th>Serious Criteria (1-6)*</th>
<th>Assessment of relationship to procedure/intervention/IMP (Related/Unrelated)</th>
<th>Outcome (1-5)‡</th>
<th>Date Initial Report sent to Sponsor (dd/mm/yyyy)</th>
<th>Date Follow up/final report sent to Sponsor (dd/mm/yyyy)</th>
<th>Date Sponsor confirmed SAE closed (dd/mm/yyyy)</th>
</tr>
</thead>
</table>

*1 – Resulted in death, 2 – Life threatening, 3 – Inpatient hospitalisation or prolongation of existing hospitalisation, 4 - Persistent or significant disability/incapacity, 5 - Congenital anomaly/birth defect, 6 - Other.

‡1 - Resolved, 2 - Resolved with sequelae, 3 - On-going, 4 - Unknown, 5 - Fatal.