

Pediatric Heart Network

Marfan Adverse Event Adjudication Form (A202)
A202 Version: D

SECTION A:

- A1. Study Identification Number
- A2. Adverse Event Number
- A3. A200 Form Type
- A4. Event onset date from site
- A5. Event code from site
- a. Event name from site
- A6. Date reviewed by Medical Monitor

SECTION B: ASSESSMENT OF ADVERSE EVENT

- B1. Do you agree with the event code/name assigned by the site? ☐ Yes ☐ No
- a. If NO, specify new code:
- b. Event name (if other, specify)
- B2. Seriousness of event ☐ Not Serious ☐ Serious ☐ Death ☐ Life Threatening
- B3. Was this event expected? ☐ Yes ☐ No
- B4. Was this event related to the study drug subject received? ☐ Not Related ☐ Possibly Related ☐ Probably Related
- B5. Comments
- B6. Was this event resolved according to protocol reporting guidelines at the time of your review? ☐ Yes ☐ No
- B7. Was this event resolved from a clinical perspective at the time of your review? ☐ Yes ☐ No
- B8. Clinical perspective comments:



B9. Is this adjudication final?

☐ Yes

☐ No

B10. Date Form Finalized

B11. Ready to save this form?

☐ Yes

☐ No

SECTION z:

End of Form ☐