

# ADVERSE EVENT REPORT FORM

Peptide Pure Research Network | PPRN-001-2025

## PATIENT & SITE INFORMATION

Study ID (do NOT use patient name)	Site Number	Date of Report	
_____	_____	_____	
Patient Initials	Date of Birth	Sex	Age
_____	_____	_____	_____
Reporting Clinician Name	Reporting Clinician Phone		
_____	_____		

## TREATMENT INFORMATION

Peptide(s) / Treatment(s) at Time of Event

\_\_\_\_\_

Dose	Route (SQ / IM / IV / Nebulized / Oral)	Frequency
_____	_____	_____
Date Treatment Started	Date Treatment Stopped (if applicable)	
_____	_____	

## ADVERSE EVENT DETAILS

Date of Onset	Date Resolved (or "Ongoing")
_____	_____
Description of Event (signs, symptoms, clinical findings)	
<div style="border: 1px solid black; height: 40px;"></div>	

Severity:  Mild  Moderate  Severe  Life-Threatening  Death

Is this a Serious Adverse Event (SAE)?  Yes  No

If SAE, check criteria:  Hospitalization  Life-threatening  Persistent disability  
 Death  Congenital anomaly  Other medically significant

Relationship to Treatment:  Unrelated  Unlikely  Possible  Probable

Outcome:  Resolved  Resolving  Not resolved  Resolved with sequelae

Action Taken with Treatment:  None  Dose reduced  Temporarily stopped  Permanently stopped

Treatment / Intervention for Adverse Event (if any)

\_\_\_\_\_

Additional Notes / Follow-Up Plan

## SIGNATURES

Reporting Clinician Signature	Date
_____	_____
Principal Investigator Signature (if different)	Date
_____	_____

**REMINDER: Serious Adverse Events (SAEs) must be reported to the IRB within 24 hours.**