

Potential/Serious Adverse Event (SAE) Cover Sheet for HRA Report (non CTIMP)

To: Professor Phyo Myint

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IRAS Number: 233417	Participant ID:
Date Potential / SAE Notified to Investigator:	Date of Report:

Trial Name: RAINDrOP RAnomised IroN Deficiency anaemia management Pilot	
Initial Report <input type="checkbox"/>	Follow Up Report <input type="checkbox"/>
Site Name(code) : (Grampian = ARI, Fife = FIF, Newcastle = NWC, Norfolk = NUH)	

Participant Details	
Initials	Sex Male <input type="checkbox"/> Female <input type="checkbox"/>