UCL

# Serious Adverse Event (SAE) Report

**Patient trial number: ARI** – ☐☐☐

**Concomitant medications** (continued)

| Drug Name | Brand | Indication | Dose | Units | Frequency | Route | Start date (d d m m m y y) | Ongoing? | End date (d d m m m y y) |
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**Patient trial number: ARI** – ☐☐☐

| **Additional Information** *(use for event summary description and relevant medical history/concurrent conditions)* |
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