Adverse Event

Patient No.: _ _ _ **Date of birth**: _ _ . _ _ . _ _ _ _ (DD/MM/YYYY) **Date of diagnosis:** _ _ . _ _ . _ _ _ _ (DD/MM/YYYY)

No.	Description of Adverse Event (one event per row)	Start date (DD/MM/YYYY)	End date (DD/MM/YYYY)	Serious? 1 = yes 2 = no (If yes, please send SAE report form)	Intensity	Causality	Action taken	Outcome
		_ _ . _ _ . _ _ _ _	_ _ . _ _ . _ _ _ _ ☐ ongoing					
		_ _ . _ _ . _ _ _ _	_ _ . _ _ . _ _ _ _ ☐ ongoing					
		_ _ . _ _ . _ _ _ _	_ _ . _ _ . _ _ _ _ ☐ ongoing					
		_ _ . _ _ . _ _ _ _	_ _ . _ _ . _ _ _ _ ☐ ongoing					

Intensity	Outcome	Causality to Imatinib	Action taken
1 = mild 2 = moderate 3 = severe	1 = recovered/resolved 2= recovering/resolving 3 = not recovered/ not resolved 4 = recovered/resolved with sequelae 5 = fatal 6 = unknown	1 = related 2 = probably related 3 = possibly related 4 = unlikely 5 = not related 6 = not assessable	1 = no action taken 2 = study drug dosage adjusted/temporarily interrupted 3 = study drug permanently discontinued do to this AE 4 = concomitant medication taken 5 = non-drug therapy given 6 = hospitalization/prolonged hospitalization

DATE (DD/MM/YYYY)	**NAME** (READABLE!)	**SIGNATURE**	**HOSPITAL** (STAMP)
_ _ . _ _ . _ _ _ _	_____	_____	