

Serious Adverse Events (SAE) at the 2-Years Follow-up

SAE-Checklist at FU2 <input type="checkbox"/> FU5 <input type="checkbox"/>	Weight at birth: L L L L g Gestational age at birth: L L ^L / ₇ wks	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth: L L . L L . 20 L L		

Was the child hospitalized since leaving the Neonatology Unit?

no yes

If yes:

The child was hospitalized because of : an accident illness

Where was the child hospitalized? _____

When was the child hospitalized? from L L . L L . 20 L L to L L . L L . 20 L L

Does the child have haemangioma?

no yes

If yes:

Number: L L

Size: _____

Location: _____

Thank you for this information, so we can ask the hospitals for the discharge report!

SPONSOR:

Any initial SAE the child had, has to be reported to the SWISSMEDIC by the SPONSOR by the SAE-Form 6

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Name, adress and phone number of examiner (please in capital letters):

Signature:

Reporting date: L L . L L . 20 L L

Please fax the completed form within 24h to:

Prof. Dr. Hans-Ulrich Bucher (Sponsor), Klinik Direktor, Neonatologie USZ, 8091 Zürich
Fax: 044/ 255 44 42