



**Clinical Trial Serious Adverse Event (SAE)
Follow-up Form
(Governed by DEV-SOP-831)**

RD-T-145

Subject ID #: _____

Safety Database Tracking Number

Provided by BIOGEN

Protocol: 272MS401

DEMOGRAPHICS AND EVENT

Subject's Year of Birth: _____
(YYYY)

SAE Term: _____
(HCP to Reassess causality if the SAE term differs from what was initially reported.)

SAE Start Date: _____
(DD/MMM/YYYY)

Outcome at time of this SAE follow-up report: (check one)

Not Recovered / Not Resolved

Fatal

Date of death: _____
(DD/MMM/YYYY)

Recovered with Sequelae (provide sequelae below)

Date event resolved: _____
(DD/MMM/YYYY)

Recovered / Resolved

Date event resolved: _____
(DD/MMM/YYYY)

RELATIONSHIP TO STUDY DRUG AS PROVIDED BY HEALTH CARE PROVIDER (HCP) (check one)

Not related

Related

DESCRIPTION OF FOLLOW-UP INFORMATION

REPORTER INFORMATION

I have reviewed the data on this page and have found it to be accurate.

HCP Name (print): _____ Title: _____

Institution: _____ Phone #: _____

Address: _____ Fax #: _____

Country: _____ Relationship to patient: _____

Coordinating Center Representative Signature: _____ Date Signed: _____

Name (print): _____ Title: _____

Institution: _____ Phone #: _____

Address: _____ Fax #: _____

Country: _____

Report within 24 hours to QSHNSAE@iqvia.com