



(affix label here)

Patient ID Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Site	Sub-site	Sequential ID				

## SEARCH Unanticipated Occurrence/Condition Reporting Form

**Date of Event:**

Month Day Year

**Visit Type:** 1  Registry visit  
2  Cohort visit  
3  Other (*specify*) →

**Description of Unanticipated Occurrence/Condition**

1. Explain the nature of the unanticipated occurrence/condition by checking the appropriate category.

1  Loss of consciousness due to low blood glucose  
2  Seizure  
3  Other, *please explain*: →

2. Please indicate if any actions were implemented (*check all that apply*):

1  Given oral carbohydrates (i.e., glucose gel)  
2  Given intravenous glucose  
3  Given glucagon  
4  Contacted diabetes provider  
5  Other: *please specify*: →

Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-xxxx)

## Event Severity and Relationship

3. Is this a serious adverse event?

1  Yes (**Report to CoC within 24 hours and to local IRB**)

2  No

4. Was this event related to study procedures?

1  Definitely related

2  Probably related

3  Possibly related

4  Unrelated

5. Please provide a comment regarding circumstances and follow-up around the event (e.g., intercurrent illness, preceding day's glucose levels).

### FOR STUDY USE ONLY

Date Completed

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month		Day		Year	

Completed by Code

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date Reviewed

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month		Day		Year	

Reviewer Code

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date Entered

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month		Day		Year	

Data Entry Code

<input type="text"/>	<input type="text"/>	<input type="text"/>
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