



(affix label here)

Patient ID Number	<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*: →

## 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

Month		Day		Year	

Completed by Code

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Date Reviewed

Month		Day		Year	

Reviewer Code

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Date Entered

Month		Day		Year	

Data Entry Code

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