

Proximal Fracture of the Humerus: Evaluation by Randomisation (ProFHER Trial)

REVIEW OF ADVERSE EVENT

Patient concerned
(Trial ID number)

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How, when and by whom
was notification of the
event made

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Date of review

		/			/				
<i>Day</i>			<i>Month</i>			<i>Year</i>			

Please record what action
was taken to resolve
the adverse event

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Please record whether
the adverse event has
been resolved

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Signature of reviewer

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Date reviewed by Trial
Management Group

		/			/				
<i>Day</i>			<i>Month</i>			<i>Year</i>			