

<p align="center">Comprehensive Sickle Cell Centers</p>	<h1 align="center">Adverse Experiences</h1>	<p align="right">Ongoing Page: 23</p>
<p align="center">Dexamethasone for ACS</p>		<p>CSCC ID: {subject.name} Center Code: {center.name} Hospital Code: {center.hospital.name}</p>

Did the subject experience any Adverse Events? (AEYN:AEYN) Yes (AEYN:AEYN) No

Adverse Event/Diagnosis	AEXP:ADVEXP	Delete Event
Sickle Cell Related?	<input type="checkbox"/> (AEXP:SICKLE) Yes <input type="checkbox"/> (AEXP:SICKLE) No	
AE Start Date:	AEXP:ONSETDA / AEXP:ONSETMO / AEXP:ONSETYR DD MMM YYYY	
AE Stop Date:	AEXP:STOPDA / AEXP:STOPMO / AEXP:STOPYR DD MMM YYYY	
Serious? if Yes, complete SAE Form	<input type="checkbox"/> (AEXP:SAE) Yes <input type="checkbox"/> (AEXP:SAE) No	
Outcome	AEXP:OUTCOME ▼	
Severity	AEXP:SEVERE ▼	
Relationship to Study Drug	AEXP:RELAT ▼	
Action Taken Record all that apply	<input type="checkbox"/> (AEXP:ACTION1) None <input type="checkbox"/> (AEXP:ACTION2) Study treatment interrupted/modified <input type="checkbox"/> (AEXP:ACTION3) Study treatment discontinued <input type="checkbox"/> (AEXP:ACTION4) Concomitant medication given/changed <input type="checkbox"/> (AEXP:ACTION5) Hospitalization <input type="checkbox"/> (AEXP:ACTION6) ER/Day hospital <input type="checkbox"/> (AEXP:ACTION7) Other, specify AEXP:ACT7SP	

[Add Event](#)

Comments for page:

AEYN:COMMENT