



Comparison of Age-related
Macular Degeneration Treatments Trials
Adverse Event Log

AE (008.2)
09/22/2008
Page ___ of ___

ID. No.: ___ - ___ Alpha Code: ___ Clinic: ___ - ___

Instructions: Review all new or unresolved adverse events (currently on the Adverse Event Log in the CATT clinical database) with the patient. If the Serious Event Type is 3, 4, 5, 6, or 7, complete a Serious Adverse Event Initial Reporting Form for the first report or a Serious Adverse Event Follow-up Form for new additional information. If this is an ocular adverse event involving one eye, please check the R or L boxes; if this is an ocular adverse event involving both eyes check both the R and L boxes.

Adverse Event Coding (NIH)				CATT AE Coding										
AE # (Record from database)	MedDRA Code	MedDRA Short Name	MedDRA Grade	Was Event Serious?		Serious Event Type	Tx for AE		Out- come	CATT Tx	Ocular AE Eye(s)		Start Date (MMDDYYYY)	Stop Date (MMDDYYYY)
				No	Yes		No	Yes			R	L		
				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		

Completed by: _____ Certification #: _____ Date Completed: _____

CATT AE Code Table			
Grade	Serious Event Type	Outcome	CATT Treatment
1 = Mild 2 = Moderate 3 = Severe 4 = Life Threatening/disabling 5 = Death	1 = None 2 = Congenital Anomaly 3 = Hospitalization 4 = Disability 5 = Medically Significant 6 = Life Threatening 7 = Death	1 = Not Recovered 2 = Recovered 3 = Resolved with Sequelae 4 = Recovering/ Resolving 5 = Fatal	1 = Treatment not changed 2 = Treatment Interrupted 3 = Treatment Withdrawn