CARDAMON Additional Laboratory tests/data

Patient Trial Number: **CAR–** ☐☐☐   Initials ☐☐☐

Type of report: *(delete as appropriate)*	SAE Report	Urgent Event (TMA) Form	Lactational Exposure Report

Date *dd-mm-yyyy*	Test *(specify)*	Results *(specify units and normal ranges)*	Normal range, if applicable *(specify and include units, if applicable)*	Results Pending *(check box if result has not yet been provided)*
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For UCL CTC use only: Date form received: _____ Date form checked: _____ Date form entered: _____ Initials: _____