

**SAE FAX TRANSMITTAL**  
**DIVISION OF MICROBIOLOGY AND**  
**INFECTIOUS DISEASES (DMID)**

TO: DMID Pharmacovigilance Group Clinical Research  
Operations and Management Support (CROMS PVG)

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Bethesda, MD 20817

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INVESTIGATOR NAME: \_\_\_\_\_

INVESTIGATOR #: \_\_\_\_\_

INITIAL SAE REPORT SUBMISSION

FOLLOW-UP SAE REPORT SUBMISSION

**Check all documents included with this Fax:**

\_\_\_\_\_ **SAE Report Form**

\_\_\_\_\_ **Discharge Summary (when the SAE involves hospitalization)**

\_\_\_\_\_ **Other relevant information (medical record progress notes, lab/diagnostic test reports, Autopsy etc.)**

**Comments:**

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