| SAE FAX TRANSMITTAL**DIVISION OF MICROBIOLOGY AND** **INFECTIOUS DISEASES (DMID)** |
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| TO: DMID Pharmacovigilance Group Clinical Research Operations and Management Support (CROMS PVG) | Technical Resources International, Inc.6500 Rock Spring Dr.Bethesda, MD 20817 |
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| FAX #: 1-800-275-7619 (US)1-301-897-1710 (Outside US) | SAE Phone #: 1-800-537-9979 (US)1-301-897-1709 (Outside US) |
| Date: \_\_\_\_/\_\_ \_\_ \_\_ /\_\_\_\_( dd / mm / yyyy) | Total Pages:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(including cover page) |
| From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Protocol #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Subject #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| INVESTIGATOR NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | INVESTIGATOR #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  **initial sae report submission** |  **follow-up sae report submission** |
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**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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