

## Adverse Event Data Preparation Checklist

**Overview:** Two tables reporting: (1) ALL anticipated and unanticipated **serious adverse events**; (2) anticipated and unanticipated **other adverse events**. Use this checklist with the [Serious Adverse Event Template](#),<sup>Δ</sup> [Other \(Not Including Serious\) Adverse Event Template](#),<sup>Δ</sup> and [Results Data Element Definitions](#).

General Adverse Event (AE) information to have available		Term
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>Time period over which AEs were assessed/collected                             <ul style="list-style-type: none"> <li>Be specific. Indicate the length of time each participant was followed. (e.g., “up to 2 years” is specific; “until end of study” is not)</li> </ul> </li> </ul>	<sup>Δ</sup> Time Frame for Adverse Event Reporting
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>If a standard dictionary or structured vocabulary was used to describe AEs, provide the name and version (e.g., MedDRA 10.0).</li> </ul>	<sup>Δ</sup> Source Vocabulary Name for Table Default
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>Method for AE assessment: “Systematic” (e.g., solicited by a questionnaire) or “Non-systematic” (e.g., unsolicited)</li> </ul>	<sup>Δ</sup> Assessment Type for Table Default
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>Explanation of methods used for adverse event data collection or reporting</li> <li>Information about how you determined the number of participants assessed</li> </ul>	<sup>Δ</sup> Adverse Event Reporting Additional Description
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>Number of separate groups for which summary AE data will be provided</li> <li><u>Tip:</u> Generally equal to the number of intervention strategies evaluated</li> </ul>	Arms/Groups
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>For each group:                             <ul style="list-style-type: none"> <li>Title—A descriptive label for the group (header for table column). Use informative labels (e.g., “Placebo”), not generic labels (e.g., “Group 1”).</li> <li>Description—A detailed explanation of the participants included in the group and the interventions received. This may include a description of how groups of participants were recombined for analysis purposes.</li> </ul> </li> </ul>	* <sup>Δ</sup> Arm/Group Title  <sup>Δ</sup> Arm/Group Description
Serious Adverse Event (SAE) information		Term
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>For each group, the total number of participants who: (1) reported at least one SAE; (2) were assessed for SAEs (i.e., could have reported an SAE)</li> </ul>	<b>Total</b> for Serious AEs * <sup>Δ</sup> Participants Affected * <sup>Δ</sup> Participants at Risk
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>Name of each SAE and its Organ System (see <a href="#">categories</a> in the Results Data Element Definitions)</li> </ul>	* <sup>Δ</sup> Adverse Event Term * <sup>Δ</sup> Organ System
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>Number of participants with the SAE in each group                             <ul style="list-style-type: none"> <li>Optional—Number of occurrences of each event [Number of Events]</li> </ul> </li> </ul>	* <sup>Δ</sup> Number Participants Affected
Other (Not Including Serious) Adverse Event (OAE) information		Term
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>Frequency above which OAEs will be reported (0–5%). For example, if “5,” report each OAE occurring in more than 5% of participants in any group.</li> </ul>	* <sup>Δ</sup> Frequency Threshold
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>For each group, the total number of participants who: (1) reported any OAEs above frequency threshold; (2) were assessed for OAEs (i.e., could have reported an OAE)</li> </ul>	<b>Total</b> for Other AEs * <sup>Δ</sup> Participants Affected * <sup>Δ</sup> Participants at Risk
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>Name of each OAE and its Organ System (see <a href="#">categories</a> in the Results Data Element Definitions)</li> </ul>	* <sup>Δ</sup> Adverse Event Term * <sup>Δ</sup> Organ System
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>Number of participants with the OAE in each group                             <ul style="list-style-type: none"> <li>Optional—Number of occurrences of each event [Number of Events]</li> </ul> </li> </ul>	* <sup>Δ</sup> Number Participants Affected

\*Required  
<sup>Δ</sup>Template Field