INTERGROWTH- 21ST

Fetal Growth Longitudinal Study

Adverse Event Form

AE

Study Subject Number 0 7 – ☐☐☐☐

Date of Birth D D – M M – Y Y

Study Antenatal Clinic Code ☐☐

Antenatal Record Number ☐☐☐☐☐☐☐☐☐

Final Diagnosis (provide all details)	Timing of event	Actions	Outcomes
1.	2. Start date D D – M M – Y Y 3. End Date D D – M M – Y Y or Continuing? ☐	4. Measures taken Treatment given ☐ No treatment given ☐ Delivery (please complete the **pregnancy and delivery form**) ☐	5. What was the outcome of the event? Complete recovery ☐ Chronic condition ☐ Partial recovery ☐ Death ☐ Not yet resolved ☐ Unknown ☐
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