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| **CODE BREAK INQUIRY** |

|  |  |  |  |
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| Trial Name and study Protocol title: |  | | |
| Clinical Trials Registry ID/number: |  | | |
| Site Name |  | | |
| Investigator Name |  | | |
| Telephone Number |  | | |
| Name of reporting health professional |  | | |
| Time (24-hour clock) |  | Date (dd/mm/yyyy) |  |
| Participant ID |  | | |

| **REASON FOR CODEBREAK / DETAILS OF THE SERIOUS ADVERSE EVENT (SAE):** |
| --- |
| Note: Do not record the treatment allocation or any other details that may unblind |

| **COMMENTS:** |
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| --- | --- | --- |
|  | Name | |
| Sponsor awareness confirmation |  | |
| Signature | Date |
|  |  |