

Safety information form ACTION-1 –study – follow up report

Site number		Project name	ACTION-1
Local investigator		Project number	NL66759.029.19
Country		Sponsor	Dijklander ziekenhuis
Investigational Product (IP)	Heparin		
Intervention	<input type="checkbox"/> ACT guided heparinization <input type="checkbox"/> 5000 IU		

Subject information

Subject-number	
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Event information

Has the patient been recovered?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Recovered with residual symptoms <input type="checkbox"/> Passed away <input type="checkbox"/> Unknown
If above question is equal to 'Yes': Answer: On what date was the patient recovered? (dd-mm-yyyy)	
Additional comments	

 Name

 Signature

 Date (dd-mm-yyyy)