



Antiretroviral Treatment as Prevention - ANRS 12249
Ukuphila kwami, ukuphila kwethu (my health for our health)



00093285

Ukuphila kwami, ukuphila kwethu

Africa Centre TasP Trial

Serious Adverse Event Reporting

ANRS 12249 Initial SAE Notification

SAE-AI

Completed forms must be sent to
ANRS within 48 hrs.
Email: pharmacovigilance@anrs.fr
Fax: +33 153 946 002

SAE No.

SAE Visit Date

20140402

Initial Notification Date

20140404

Notification time

1. Patient details

TasP ID

16753

Name

ZM

Sex

Male

☒ Female

Date of birth

19920611

Enrolment date

20121010

2. Measurements

Height

148

Cms

Last known: Weight

40.1

Kgs

Weight Date

20140402

CD4 count

394

CD4 Date

20140402

Viral Load

<50

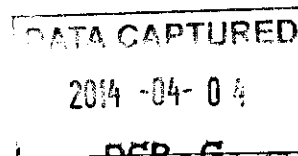
Viral Load Date

20131016

3. By which criteria is this adverse event considered to be "Serious"?

Tick all that apply

- ☐ Resulted in death → Date of death Probable cause
- ☐ Life threatening (i.e. at risk of death at time of event)
- ☒ Caused or prolonged hospitalisation (not elective hospitalisation for a pre-existing condition)
- ☐ Persistent or significant disability / incapacity
- ☐ Congenital abnormality / birth defect
- ☐ Grade 4 clinical and biological events
- ☐ Other serious, medically-important condition → Specify



4. Details of SAE

Enter each adverse event (e.g. symptom, sign, syndrome or diagnosis) on a separate line

Event Name

Date investigator
became aware

Date of onset of SAE

1. SEXUAL
ASSAULT

20140403 20140327

2.

3.

4.

5.

5. Description of SAE

Include details of body site, relevant laboratory tests, treatments received and relevant medical history.

Attach copies of any relevant hospital records, laboratory test results etc.

Admitted to hospital on 27/3/2014. Attempted rape from an unknown man. She collapsed and was taken to hospital. Attempted rape was not successful. Discharged on 01/04/2014.

6. Medications

List all drugs taken (or prescribed) before occurrence of SAE

Generic Name	Daily dose	Route of administration	Indication	Date started	Date stopped	Causality assessment	Expected reaction? (BNF/SPC)	Action taken
1. ATRIPLA TDF/FTC/EFV	300/200/600 PO		HIV	20121213		<input checked="" type="radio"/> Unrelated <input type="radio"/> Poss. related <input type="radio"/> Cannot be assessed	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> None <input type="radio"/> Reduce <input type="radio"/> Interrupt <input type="radio"/> Stop
2.						<input type="radio"/> Unrelated <input type="radio"/> Poss. related <input type="radio"/> Cannot be assessed	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> None <input type="radio"/> Reduce <input type="radio"/> Interrupt <input type="radio"/> Stop
3.						<input type="radio"/> Unrelated <input type="radio"/> Poss. related <input type="radio"/> Cannot be assessed	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> None <input type="radio"/> Reduce <input type="radio"/> Interrupt <input type="radio"/> Stop
4.						<input type="radio"/> Unrelated <input type="radio"/> Poss. related <input type="radio"/> Cannot be assessed	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> None <input type="radio"/> Reduce <input type="radio"/> Interrupt <input type="radio"/> Stop
5.						<input type="radio"/> Unrelated <input type="radio"/> Poss. related <input type="radio"/> Cannot be assessed	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> None <input type="radio"/> Reduce <input type="radio"/> Interrupt <input type="radio"/> Stop
6.						<input type="radio"/> Unrelated <input type="radio"/> Poss. related <input type="radio"/> Cannot be assessed	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> None <input type="radio"/> Reduce <input type="radio"/> Interrupt <input type="radio"/> Stop

7. Other causes of SAE, if unrelated to drugs mentioned in Section 6 above

7a. According to the physician, is this SAE likely to be related to participation in the research?

☐ Yes ☒ No

7b. According to the physician, is this SAE related to any causes other than the research?

This includes the patient's medical history

☒ Yes ☐ No
→ Describe

PHYSICAL / SEXUAL ASSAULT

8. SAE Outcome

Died

Unknown to date

Ongoing

Improved

→ A complementary SAE notification must be submitted within 8 days

☒ Recovered

→ Date of recovery 20140401

Recovered without sequelae

or

Recovered with sequelae

→ Describe

Physician reporting SAE

Name

COLLINS JHUT

Signature

[Signature]

Date form completed

20140401