

**SAE FAX TRANSMITTAL  
DIVISION OF MICROBIOLOGY AND  
INFECTIOUS DISEASES (DMID)**

TO: DMID Pharmacovigilance Group Clinical Research  
Operations and Management Support (CROMS  
PVG)

Technical Resources International, Inc.  
6500 Rock Spring Dr.  
Bethesda, MD 20817

FAX #: 1-800-275-7619 (US)  
1-301-897-1710 (Outside US)

SAE Phone #: 1-800-537-9979 (US)  
1-301-897-1709 (Outside US)

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INVESTIGATOR NAME:

INVESTIGATOR #:

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**INITIAL SAE REPORT SUBMISSION**

**FOLLOW-UP SAE REPORT SUBMISSION**

**Check all documents included with this Fax:**

**SAE Report Form**

**Discharge Summary (when the SAE involves hospitalization)**

**Other relevant information (medical record progress notes, lab/diagnostic test reports,  
Autopsy etc.)**

**Comments:**