# Template Case Note Labels 1 – 'safety reporting required'

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Abbreviated study name:

Participant ID number:

**CHECK MEDICAL RECORDS FOR DETAILS (Databases & Paper)**

**IF PATIENT ADMITTED ADVISE RESEARCH TEAM:**

**R&D ALERT**

**R&D ALERT**

…………………………………………………

*If study/drug info required out of normal working hours contact the on-call Pharmacist via the switchboard*

**KEEP IN ORIGINAL FORM DO NOT DESTROY RECORDS BEFORE:**
*insert date xx years from project end date:*
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