ADVERSE EVENT FORM

THE ROCK GROUP — PROSPECTIVE COHORT STUDY — FORM 4D

SECTION A: STUDY INFORMATION

Subject ID: ___ ___ - ___ ___ ___ - ___ **Study Visit:**

Site Number: ___ ___ ___ **Date:** ___ ___ / ___ ___ / ___ ___ ___ ___

Surgeon ID: ___ ___ ___ **Age:** ___ ___ ___

SECTION B: ADVERSE EVENT

B1. Complications *(check all that apply)*

		Status			Regular
❒	**Infection - Superficial**	❒ Initial	❒ Ongoing	❒ Ended	__ __ / __ __ / __ __ __ __
❒	**Infection - Deep**	❒ Initial	❒ Ongoing	❒ Ended	__ __ / __ __ / __ __ __ __
❒	**Infection - intra-articular (septic knee)**	❒ Initial	❒ Ongoing	❒ Ended	__ __ / __ __ / __ __ __ __
❒	**Persistent effusion requiring intervention**	❒ Initial	❒ Ongoing	❒ Ended	__ __ / __ __ / __ __ __ __
❒	**Hemarthrosis requiring intervention**	❒ Initial	❒ Ongoing	❒ Ended	__ __ / __ __ / __ __ __ __
❒	**Pain syndrome, nerve disorder/complaint**	❒ Initial	❒ Ongoing	❒ Ended	__ __ / __ __ / __ __ __ __
❒	**Arthrofibrosis**	❒ Initial	❒ Ongoing	❒ Ended	__ __ / __ __ / __ __ __ __
❒	**Premature physeal arrest**	❒ Initial	❒ Ongoing	❒ Ended	__ __ / __ __ / __ __ __ __
❒	**Neuroma**	❒ Initial	❒ Ongoing	❒ Ended	__ __ / __ __ / __ __ __ __
❒	**Deep vein thrombosis**	❒ Initial	❒ Ongoing	❒ Ended	__ __ / __ __ / __ __ __ __
❒	**Vascular injury**	❒ Initial	❒ Ongoing	❒ Ended	__ __ / __ __ / __ __ __ __
❒	**Other, specify: _____**	❒ Initial	❒ Ongoing	❒ Ended	__ __ / __ __ / __ __ __ __

B2. Does this complication require surgical intervention?

❒ Yes ❒ No

If answer is **Yes**, complete **Form 3 - Surgery**.