

**RU Clear Screening Programme**

**Adverse Events Form**



Date

Person completing form

Location of Event

Contact Tel

e-mail

**Brief description of the incident**

**Possible Causes of the incident**

**Planned Actions taken following the event**

**Date Changes Implemented**

Please fax back to 0161 230 2691 or e-mail to Diane Cordwell@manchester.nhs.uk