# Adverse Event Report Form

Title of Research Project…… Code of Research Project……

Name of Principal Investigator…… School/Office……

| Participant Code | Date the event begins | The occurred adverse event (Specify details) | Impact(s) on participants | Participant Consent being sought? | Modification of protocol? | Specify the modification | Currently the event |
|---|---|---|---|---|---|---|---|
| | | | | ❑ No ❑ Yes | ❑ No ❑ Yes | | ❑ issue being solved<br>❑ issue still arising |
| | | | | ❑ No ❑ Yes | ❑ No ❑ Yes | | ❑ issue being solved<br>❑ issue still arising |
| | | | | ❑ No ❑ Yes | ❑ No ❑ Yes | | ❑ issue being solved<br>❑ issue still arising |
| | | | | ❑ No ❑ Yes | ❑ No ❑ Yes | | ❑ issue being solved<br>❑ issue still arising |
| | | | | ❑ No ❑ Yes | ❑ No ❑ Yes | | ❑ issue being solved<br>❑ issue still arising |

Should there be any modification of protocol or informed consent form, details shall be submitted to the Human Research Ethics Committee.

Signature of the principal investigator……..

Date of report……/……/……..