# **ADVERSE EVENT**

Adverse events include but are not limited to such occurrences as loss / accidental destruction of raw data, psychological/physical harm to participants/researcher(s) not previously mentioned in the ethics application. If such events have occurred during the time of your project**,** please fill in the form below and submit it to the REB.

Submit within 3 days of adverse event

| QUESTIONS | YOUR ANSWERS |
| --- | --- |
| Principal Investigator(s) name\* | Click or tap here to enter text. |
| Name of the person submitting the report | Click or tap here to enter text. |
| Other Investigators | Click or tap here to enter text. |
| Institution\* | Click or tap here to enter text. |
| Department\* | Click or tap here to enter text. |
| Mailing Address\* | Click or tap here to enter text. |
| Phone\* | Click or tap here to enter text. |
| Email Address\* | Click or tap here to enter text. |
| Alternate Email Address\* | Click or tap here to enter text. |
| Project Title\* | Click or tap here to enter text. |
| Protocol Reference #\* | Click or tap here to enter text. |
| Date of the adverse event | Click or tap to enter a date. |
| Date of the report (date report is submitted) | Click or tap to enter a date. |

\*All Information marked with asterisk Must Be Completed

Has this Adverse Event been submitted to another REB? Yes: No:

If you answered “Yes”, please provide the name of the REB and their response: **Click or tap here to enter text.**

Instructions:

1. Please provide a concise summary of the event and what subsequent action(s) were taken below (use additional pages if necessary):
2. Submit one copy of this form and accompany documents by email to researchethics@georgebrown.ca

My signature below certifies that the above information is correct and that no unapproved protocol will be used in this study:

|  |
| --- |
|  |

Name: **Click or tap here to enter text.**

Date: **Click or tap to enter a date.**