

Adverse Event Report

All incidents of injury or other adverse effects by subjects in research must be reported to the HSC. This report should be submitted as soon as possible, but **NO LATER THAN 5 WORKING DAYS** after the first awareness of the problem. The investigator should provide his/her opinion and support for any proposed changes in the protocol and/or consent form or procedure.

Date of Report Date of Event Date PI learned of event

Protocol Information	Principal Investigator	<input type="text"/>		
	Title of Project	<input type="text"/>		
	HSC #	<input type="text"/>	Date Originally Approved	<input type="text"/>
	Is this a multi-center research project ?	<input type="text"/>	If Yes, give home IRB and phone /address	<input type="text"/>
	Did the adverse event or incident involve the ISU arm of the multi-center research?	<input type="text"/>		
	Does the proposal involve an FDA approved IND or IDE?	<input type="text"/>	Provide the IND or IDE Number	<input type="text"/>
Provide the name of the drug or device		<input type="text"/>		

Adverse Event Information	Did the adverse event and/or involve the drug or device?	<input type="text"/>		
	Did the adverse event and/or incident involve a research procedure?	<input type="text"/>		
	Was the drug/device/procedure intended to directly benefit the subject?	<input type="text"/>		
	Was the effect described in the IND or IDE information?	<input type="text"/>	Has the home IRB been informed of the adverse event?	<input type="text"/>
	Has the off-campus site director been informed of the adverse event?	<input type="text"/>		
	Comments:	<input type="text"/>		
	Was the effect listed in the risks section of the protocol?	<input type="text"/>		
	Was the effect listed in the informed consent document?	<input type="text"/>		
How many subjects are to be enrolled in this research project?	<input type="text"/>			
How many subjects have been enrolled to date?	<input type="text"/>			
How many adverse events reports have been filed with the HSC on this project?	<input type="text"/>			

Date of Event	<input type="text"/>	The adverse event was:	<input type="text"/>
The adverse event was:	<input type="text"/>		

Description of Adverse Event	<p>Provide a brief description of the adverse event, including the subject's demographic information.</p> <div style="border: 1px solid black; height: 300px;"></div>
Treatment Provided to the Research Subject	<p>Date of Treatment <input style="width: 100px;" type="text"/></p> <p>The subject's recovery was: <input style="width: 300px;" type="text"/></p> <p>Describe the treatment that was provided to the subject.</p> <div style="border: 1px solid black; height: 200px;"></div>
Change Necessitated by Adverse Event	<p>Is a change in the protocol necessary to reduce or eliminate the possibility of a reoccurrence of this event in other subjects: <input style="width: 80px; height: 40px;" type="text"/></p> <p>Please provide a rationale for not changing the protocol.</p> <div style="border: 1px solid black; height: 80px;"></div> <p>Please provide a rationale for not changing the consent document or process.</p> <div style="border: 1px solid black; height: 60px;"></div>

Are changes required in the informed consent process or document?

Is it necessary to re-consent subjects who have not completed all the research procedures?

If YES, explain how the re-consent process will be accomplished.

If NO, provide a rationale for not re-consenting subjects.

Please provide any additional information you feel would be helpful to the HSC in assessing this adverse event.

HSC Initials	_____
Date	_____
Full Board	_____