

University of La Verne
Institutional Review Board (IRB)
For The
Protection of Human Participants in Research

Adverse Event Report Form

To: Institutional Review Board for the Protection of Human Participants

From: Faculty Supervisor

Department: _____

Telephone _____

Extension: _____

E-Mail Address
(required): _____

Research Project Number
(required): _____

Nature of adverse event:

Date of occurrence of adverse
event: _____

Description of unanticipated problems/risks to participant(s), researcher(s), institution:

Signature _____

Date _____

Name (please print): _____

Note: This form should be forwarded via e-mail to the Office of the University Research Coordinator and your Area Institutional Review Board Member as soon as reasonably possible, but not later than 7 working days, subsequent to the adverse event. Thank you.
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