

**Northwestern State University
Institutional Review Board
Adverse Events Form**

Directions: Each section of the form below requires information on the adverse event(s) that occurred in the study since the last review of the approved protocol. Please read and complete each section carefully. Additional documents/information may be attached as separate files.

Research			
Project Title:			
Protocol ID #:			
Initial Review Category:	Exempt	Expedited	Full Board
Initial Approval Date:			
Principal Investigator (PI)	Student	Faculty	Staff
Personal Information			
PI Name:	Last:	First:	
PI Student ID #:			
PI Address:			
PI NSU Email:		Phone:	
(Complete the section below if the PI is a student.)			
Advisor Name:	Last:	First:	
Advisor NSU Email:		Phone:	
Adverse Events			
Provide details about any adverse events that occurred since the last protocol review			

Provide recommendations to resolve the adverse events	
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Certification

I certify that the information provided on this form is complete and accurate. I agree to accept responsibility for the ethical conduct of this study. I also agree to adhere to any conditions that the NSU IRB requires to resolve the adverse event(s) and recommence the study. Finally, I will report to the NSU IRB any additional adverse event(s) immediately.

Signatures (NOTE: PI and Faculty Sponsor--Type full name and date)

Principal Investigator:

Date:

Faculty Sponsor (if applicable):

Date:

For Office Use Only	
Date of Submission:	
Recommendations Approved	No Yes
If "No," state reason(s):	
Date of Decision:	