Research Ethics Board
C509-2055 Notre Dame Ave.
Winnipeg, MB R3H 0J9
Voice: (204) 632-2038
Fax: (204) 633-7470
E-mail: sallarie@rrc.mb.ca

Date Received

Protocol #_____

ADVERSE EVENTS REPORT FORM

Principal Investigator(s) Status of Principal Investigator(s)

_____

_____

Contact Address: _____

Phone: _____ Fax: _____

Email address: _____ Preferred means of contact: _____

Project Title: _____

Describe the adverse event:

_____

_____

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Recommendation of Principal Investigator:

1. The study should continue without change to the protocol. Yes____ No____*
2. The study should continue without change to the consent form. Yes____ No____*

* If No, please enclose the amended protocol and/or consent form for review by the RRC REB.

Signature of Principal Investigator: _____ ____/____/____
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