**Blessing-Rieman College of Nursing**

**Internal Review Board (IRB)**

**Adverse Event Form**

The purpose of this form is to inform the IRB of an adverse event or risk that has occurred during your study.

Complete and submit this form by email to the Blessing-Rieman College of Nursing IRB at irb@brcn.edu.

Instructions for completing this form:

1. Save the form to your computer/laptop.
2. Fill out all of the items on this form. Incomplete or incorrectly completed forms will be returned to the principle researcher.
3. The form must be typed. Hand written forms are not accepted.
4. Submit this application as a **WORD** document; do not convert to a different file format such as PDF.

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| --- |
| Type in the gray fields. Remember to click “Save” to save your work. You will lose all information if you do not save before closing this form. |

Study Information

Title of Study:

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IRB Number:

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Researcher Information

Principal Investigator

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Affiliation

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Telephone Contact

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Email Contact

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Faculty Mentoring/Supervising Research (for students only)

Faculty Mentor/advisor

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Affiliation

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Telephone Contact

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Email Contact

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Nature of the Adverse Event

Describe the adverse event or risk that has occurred.

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Describe what actions were taken or will be taken to minimize any harm related to the event/risk.

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Signature of Principal Investigator

Inserting Signatures:

1. Write your signature on a piece of paper.
2. Scan only the signature and make it a jpeg picture.
3. Insert (paste) the signature as a picture in the space provided.

|  |  |
| --- | --- |
| Date of Signature: |  |

Signature of Research (paste below)

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| IRB Use Only |

Action

Check:

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|  | Study is allowed to continue. |
|  | Study is suspended. |
|  | Study is terminated. |

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| Date of Signature: |  |

Signature of IRB Chair or Designee (paste below)

Comments for Researcher

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