**Multiple Adverse Events Reporting Form**

# Principal Investigator: Study Title:

**PI Address:**

**PI Telephone / Email: Date of Submission:**

**Briefly describe the circumstances of this event:**

Describe this event (select from the following):

Anticipated Event – Already in Protocol Intermitted Symptoms

Loss of Consciousness Hospitalization – Initial or Prolonged

Congenital Abnormality Persistent Disability

Life Threatening Death

Adverse Event Other

Date of the Event:

Intensity: Mild Moderate Severe Was event study-related (use drop-down menu)?

How long did the event last?

Currently enrolled participants will be notified of this event?

Yes No

Previously enrolled participants will be notified of this event?

Yes No

**P.I.’s Statement of this Event in relation to the study:**

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| **Principal Investigator Acknowledgement** |
| ***I attest that this information contained herein is a true and accurate representation of my ongoing study.*** |
| P.l.’s Name: Date: |
| Electronic Signature: |

**Submit Form**

***Please save a copy of the form for your records and submit the final form electronically by clicking the “Submit Form” to the left or at top of page.***