

Unanticipated Problems Involving Risks to Subjects or Others / Adverse Event Report Form

TO BE COMPLETED BY PRINCIPAL INVESTIGATOR IF PI IS A STUDENT, ALL CORRESPONDENCE SHOULD BE COPIED TO THE STUDENT'S RESEARCH ADVISOR	IRB #	
PI NAME AND CONTACT INFORMATION:		
NUMBER OF PARTICIPANTS AFFECTED:		
☐ INITIAL REPORT ☐ FOLLOW-UP REPORT	EVENT OCCURRED AT: LSU OR AFFILIATED SITE NON-ASSOCIATED SITE	
EVENT ONSET: / / EVENT TERMINATION	ON: / / EVENT YES CONTINUING? NO	
DESCRIPTION OF PROBLEM OR EVENT: Number of subjects EXPERIENCING THE SEVERITY: MILD MODERATE SEVERE SERIOUS LIFE-THREATENING DEATH		
ACTION TAKEN AND RESULT:		
EVENT RELATED TO RESEARCH?	CAUSE OF EVENT (if not related to research):	
YES NO UNDETERMINED	UNDETERMINED	
HAS SAME EVENT OCCURRED PREVIOUSLY? YES NO	IF YES, HOW OFTEN?	
SHOULD CONSENT FORM BE REVISED TO INFORM SUBJECTS OF EVENT? YES ~ attach revised consent form with the changes highlighted NO ~ EXPLAIN:		
SHOULD ENROLLED SUBJECTS BE INFORMED OF EVENT? YES NO	HAVE THEY BEEN INFORMED? YES NO	

Submit a completed copy of this form to <u>irb@lsu.edu</u>. If changes to the consent form are required, send the new form also.

OFFICE USE ONLY:	
☐ Adverse Event ☐ Serious	☐ Non-serious
☐ UPIRTSO	
Action Taken:	