

AF 01-15

**Adverse Event Report Form**

1. Research Project Title Click or tap here to enter text.
2. Research Project Code Click or tap here to enter text.
3. Research Project Leader Click or tap here to enter text.

Status Click or tap here to enter text.

Affiliation Click or tap here to enter text.

Telephone Number Click or tap here to enter text. e-Mail Click or tap here to enter text.

1. Please specify the type of adverse event

Serious Adverse Event: SAE and research participant died

Serious Adverse Event: SAE but no research participant died or endanger

Suspected Unexpected Serious Adverse Reactions: SUSARs and research participant died

Suspected Unexpected Serious Adverse Reactions: SUSARs but no research participant died or endanger

1. Please specify the details of adverse event (please attach supporting documents / evidence to report the adverse event)

*(Please specify)*

Signature...........................................................Research Project Leader

(Click or tap here to enter text.)

Date Click or tap to enter a date.