##### Adverse Event Report

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| Principal investigator: | Report submission date (yyyy-mm-dd): |
| Title of research project: | |
| Description of adverse event:  Date:  Location: | |
| Describe adverse event, including who was involved: | |
| Describe action taken, including reports made to Canadian Blood Services Medical Director, any treatment administered and dates of the reports: | |
| Describe actions recommended as a result of adverse events to date, for consideration by the REB, including recommended changes to the protocol, informed consent form or investigator’s brochure. (**Attach revised documents**.) | |

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| **Principal Investigator** | | |
| Name: | Signature: | Date: (yyyy-mm-dd) |