



Oakwood University
Division of Faculty Development and Research

Oakwood University Institutional Review Board

ADVERSE EVENTS REPORT FORM

Please complete this form in the case of an adverse vent and send the correct number of copies with required materials to the Oakwood University IRB committee via the IRB Chair.

Current Title of Study: _____

Principle Investigator: _____

- 1. On a separate sheet, provide a specific summary of the adverse Event(s). In the summary state whether or not the adverse event(s) requires a revised consent form.**
 - **If consent form requires revision, provide appropriate number of copies with noted changes**
 - **If consent form is not required, explain why.**
- 2. List any supporting document(s) you are attaching to this form:**

Signature of Principal Investigator

Date

For Oakwood University IRB use only:
This report was reviewed and accepted by Oakwood University IRB on:

Approved by:
Oakwood University
Institutional Review Board