

Adverse Event Report

Ethics Committee Submission Template

Study Title	<input type="text"/>
Protocol Number	<input type="text"/>
Principal Investigator	<input type="text"/>
Date of Report	<input type="text"/>
Type of Report	<input type="text"/>
Participant ID	<input type="text"/>
Date of Event	<input type="text"/>
Description of Adverse Event	<input type="text"/>
Severity	<input type="text"/>
Outcome	<input type="text"/>
Relationship to Study Drug/Procedure	<input type="text"/>
Action Taken	<input type="text"/>
Follow-up Required	<input type="text"/>
Additional Comments	<input type="text"/>