

**RANDOLPH COLLEGE**  
**ADVERSE EVENTS REPORT FORM FOR PRIMARY INVESTIGATOR**

Complete this form if an adverse event has taken place in the context of a research study that you have conducted. An adverse event is defined as any circumstance that has caused a participant to suffer physical or emotional injury as a result of your participation in your study. Identify the study you conducted. Describe the circumstances under which the adverse event took place and what you did to address the participant's situation. Please be as specific as possible.

Date: \_\_\_\_\_

Project Name and Number: \_\_\_\_\_

Name of Primary Investigator: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Name of Faculty Sponsor (if applicable): \_\_\_\_\_

Name of participant(s) involved in the event: \_\_\_\_\_

Description of the adverse event:

Primary Investigator's Signature: \_\_\_\_\_

*Return the completed form to the Chair of the IRB*