**RANDOLPH COLLEGE**

**ADVERSE EVENTS REPORT FORM FOR RESEARCH PARTICIPANT**

Complete this form if an adverse event has taken place in the context of a research study in which you have participated. An adverse event is defined as any circumstance that has caused you to suffer physical or emotional injury as a result of your participation in a study. Identify the study you participated in and the primary investigator of this study. Describe the adverse event. Please be as specific as possible.

Date:

Name:

Contact Information:

Name of Study:

Primary Investigator:

Description of the adverse event:

Did you report the adverse event to the researcher?

**Yes No**

Participant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Return the completed form to the Chair of the Institutional Review Board*