**Appendix F**

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| ADVERSE EVENT REPORTING FORM |
| *To be completed electronically by the principal investigator in accordance with the Standard Operating Procedures for reporting adverse events of the DUT-IREC for all adverse events (AE), serious adverse events (SAE), adverse drug reactions (ADR) and serious adverse drug reactions (SADR) and forwarded to the DUT-IREC.* |
| Title of the study: |
| Institution: |
| Name and qualification of principal investigator(researcher): | Name and qualification of supervisor(s): |
| Name of qualification: | Student Number: |
| Ethical approval number: | Research site: |
| AE | SAE | ADR | SADR | Date of event: |
| Brief description of the event (include patient/participant reference number): |
| Relationship of event to research process: |
| Description of the outcome: |
| Description of intervention thus far: |
| ***TO BE COMPLETED BY THE CHAIRPERSON OF THE DUT-IREC.*** |
| Date received: | Review required: |
| Emergency: | Standard  |
| Comments: |
| Recommendations/interventions imposed by the DUT-IREC: |
|  | **Signature:** | **Date:** |
| Researcher |  |  |
| Supervisor |  |  |
| Head of Department |  |  |
| Executive Dean of Faculty/ Chairperson of FRC  |  |  |
| Chairperson of DUT-IREC |  |  |