



ADVERSE EVENTS REPORT (AER) FORM

Protocol # _____ Date _____

Project Title _____

Describe the adverse event:

Recommendation of Principal Investigator:

- 1. The study should continue without change to the protocol. Yes No*
- 2. The study should continue without change to the consent form. Yes No*

* If No, please enclose the amended protocol and/or consent form for review by the Committee

Signature of Principal Investigator _____ Date _____

<p>PDF forms can be filled-in and saved locally to your PC.</p> <ul style="list-style-type: none"> 1. Completed online, save to your personal computer 2. Save to your PC, open and complete offline. 	<p>Return to: Human Ethics Coordinator Phone: (204) 474-7122 Fax: (204) 269-7173 humanethics@umanitoba.ca</p>
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