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EGERTON UNIVERSITY ETHICS REVIEW COMMITTEE (EUREC)

**EUREC ADVERSE EVENT/UNANTICIPATED EVENT
REPORTING FORM**

EUREC No.: _____

Title of Project _____

Note:

- (a) Adverse event: Any unfavourable change in current health status of a person taking part in a study, this change may be related/unrelated to the study
- (b) Unanticipated event: Unfavourable or unintended occurrence during the course of a research study which may have immediate or potential implication for participants
- (c) This form can be used as many times during project implementation as need arises.

1. Date of occurrence of the Event _____

2. Location of the occurrence of the event _____

3. Nature of adverse event/unanticipated event (Please explain) _____

4. Was the event reported to the immediate supervisor? _____

5. What action if any was taken? Explain _____

Name and Signature of the Applicant /Investigator(s)

Date

Name and Signature of the Receiving Officer

Date