



THE UNIVERSITY OF  
WINNIPEG

THINK @ LINK  
UWINNIPEG RESEARCH

**Senate Committee on Ethics in Human Research and Scholarship (SCEHRS)  
ADVERSE EVENT REPORT**

**Please Note: Adverse events are to be reported to the SCEHRS without delay.**

Principal Investigator:	Date of Event Occurrence:
Telephone #:	Email:
Protocol Title:	Protocol #:
If Student, Supervisor's Name:	Supervisor's Department:

Description of Adverse Event: (This space will expand as needed.)

Recommendation of the 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

Please enclose 12 copies of this Report and the revised protocol and/or consent form(s), if applicable, to the Research Office for review by the SCEHRS.

Signature of the Principal Investigator:	Date:
--	-------

Date Received by Research Office:  
**(For Office Use Only)**

Recommendation of the SCEHRS forwarded to the Researcher:	Date:
---	-------

Signature of the SCEHRS Chair:	Date:
--------------------------------	-------

**Please Note:** A copy of this Report and the SCEHRS recommendations will be forwarded to the Vice-President (Research and Graduate Studies) for his/her information.