DATE:

TO: Pam Horner
   IRB Coordinator

FROM:

RE: Protocol #
    Title:
    Principal Investigator:
    Adverse event identification:

1. Event Description:

2. Severity (circle one): Mild Moderate Severe

3. Likelihood that this will occur at the University of South Alabama (circle one):
   Very Likely Likely Not Very Likely

4. Implications for future subjects:

Investigator Acknowledgement:

*The IRB requires that the investigator review all IND safety reports and complete the above information as outlined in Part VIII of the IRB Guidelines on Adverse Event Reporting. This report must be submitted to the IRB within 10 working days after receipt from study sponsor.*

Investigator’s signature: ___________________________ Date: ____________

It is requested that the IRB acknowledge receipt of the above information by returning a IRB date-stamped copy of receipt.