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| **Biomedical** **Additional Reportable Events/Documents** | **For Internal Use Only** |
| **UnivRS Internal ID:****Date Received:** Click here to enter a date. |

**Questions marked with an** \* **are mandatory.**

**Key Information**

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| UnivRS Internal Project ID# or old Ethics ID # (Bio xx-xxx):\* PI Name: \*      Protocol # (if applicable):      Title: \*Event Category: \* Choose an item.  |

**Project Status**

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| Participants will be affected by the event/document(s): \* | [ ]  Yes [ ]  No |
| Provide additional details as applicable:      If applicable, summarize and provide reasons for the addition of document(s):       |  |

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**Reportable Event Information**

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| This is a reportable event: \*If yes, complete the following: | [ ]  Yes [ ]  No |

Date the Event was identified by project team members: CalendarDescribe the event: Describe the project team’s response to the event: |

**Declaration by Principal Investigator:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **The Principal Investigator assumes full responsibility for the information presented in this report and confirms that he/she:*** has assessed the relationship of the event/document(s) to the project;
* attests to the accuracy of this report.

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| Date the form was completed: Click here to enter a date. |
| Name of Person who completed the form: |       |

 If form submitted on behalf of the PI:

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|       is authorized to prepare and submit this form on behalf of the Principal Investigator |
| Authorized person contact information: |
| Email:       | Phone:       |

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**Document(s)**

Provide a list of items for review/acknowledgement: