

**MAKERERE UNIVERSITY
SCHOOL OF HEALTH SCIENCES
RESEARCH AND ETHICS COMMITTEE (MakSHS-REC)**

REC FORM 104

ADVERSE EVENT REPORTING FORM

Complete entire form and do not leave any blanks. Completed form should be submitted via NRIMS portal: <https://nrims.uncst.go.ug/>

Also, the soft copy should be sent to this email address: healthsciences.irb@gmail.com

Note: Serious Adverse Events should be reported within 14 days from the time of its occurrence

MakSHS-REC Protocol #: Submission will not be processed without this ref number)		PI Institution:	
Principal Investigator:		Phone:	
Report prepared by:		Email:	
Study Title:			
Study Sponsor:			
Date of Adverse Event:	Subject's Initials or Study #:	Type of Report: <input type="checkbox"/> Initial <input type="checkbox"/> Follow-up	
Date when the study staff became aware of the event:			
Brief Description of Adverse Event (including diagnosis):			

