Wheaton College
IRB Adverse Event Report Form
(To be completed by the Faculty Investigator)

IRB #:

Faculty Investigator:

Study Participant ID:

Event date:

Brief Description of Event:

Explicit Description of Action Taken by Investigator:

What was the degree of harm to the study participant?
- ☐ Serious physical
- ☐ Serious emotional
- ☐ Moderate physical
- ☐ Moderate emotional

Was the adverse event caused directly by participation in the research protocol?
- ☐ Definite
- ☐ Probable
- ☐ Possible
- ☐ Unrelated to participation

Is it your intention to modify the study protocol and/or consent form to address the increased risk made apparent through this adverse event?
- ☐ Yes (*If 'yes', then submit a modified application form and/or consent form)*
- ☐ No