GARISSA UNIVERSITY

P.O. Box 1801 – 70100,
Off Kismayu Road,
Garissa, Kenya.

Email: gauiserc@gau.ac.ke
Cell: +254 722 731 306
Website: www.gau.ac.ke

INSTITUTIONAL ETHICS REVIEW COMMITTEE

GaU-ISERC ADVERSE/UNANTICIPATED EVENT REPORTING FORM

GaU-ISERC NO.:_____

Title of Project_____

Note:

(a) Adverse event: Any unfavourable change in current health status of a person taking part in a study, the change may be related/unrelated to the study

(b) Unanticipated event: Unfavourable or unintended occurrence during the course of a research study which may have immediate or potential implication for participants

(c)This form can be used as many times during project implementation as need arises.

1. Date of the occurrence of the event_____
2. Location of the occurrence of the event _____
3. Nature of adverse event/unanticipated event (please explain)

_____

_____

4. How has the adverse event affected the study?

_____

5. Was the event reported to the immediate supervisor?

_____

6. What action if any was taken? Explain

_____

_____ _____

Name and signature of Principal Investigator **Date**

_____ _____

Name and signature of the receiving officer **Date**

Vision: *A world-class university of technology, innovation and development*
Mission: *Meet industry and societal needs through transformation knowledge, talent development, research, outreach and entrepreneurship for sustainable development*