



EMILY CARR UNIVERSITY RESEARCH ETHICS BOARD (ECU-REB)

FORM 204.2 Adverse Incident Report

The researcher (Local Principal Investigator or supervising Faculty Member) must report to the ECU-REB any unanticipated adverse incident experienced by or otherwise affecting the research participant(s). This report should be completed and submitted no later than five days after the incident.

Note: This report does not replace the incident reporting processes that might exist at the location of the research. At Emily Carr University incidents (“injury, illness, near miss, property damage”) must be reported to the Safety & Security Manager. When security personnel administer immediate first aid, this intervention will also be reported to the Safety & Security Manager. Researchers should ensure that all adverse incidents are appropriately reported.

(ECU-REB Use Only) ▶ File # & Current Status:	
Date Received:	Date Reviewed:
ECU-REB reviewer of the Adverse Incident Report:	
Status/Date:	

SECTION A – GENERAL INFORMATION

1. PROJECT TITLE:				
	Name	Faculty	Phone	E-Mail
2. Local Principal Investigator or Faculty Supervisor:				

SECTION B – INCIDENT REPORT

1. Describe the incident (include a separate document if necessary):			
2. Location(s) of incident(s):		3. Number of Research Participants who were involved in the incident:	
4. Describe the intervention(s) made to date:			
5. Describe if the participants have been contacted or if there are plans to contact them:			

SECTION C – CHANGES TO RESEARCH



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<p>1. Will this incident result in changes to the way participant research is implemented in this project? Describe:</p>	
<p>2. Will the consent or release materials for this project be changed? (Y?N):</p>	

Reminder: Changes to any aspect of the participant research should be described on **FORM 204.1 Annual Review / Request to Amend Approve Research** for possible review, *prior* to the implementation of changes. Include amended consent and release documents with FORM 204.1 for review *prior* to their use.

SECTION D – SIGNATURES

Principal Investigator or Faculty Supervisor:	Date
ECU-REB Chairperson:	Date