



NEW YORK INSTITUTE OF TECHNOLOGY  
Institutional Review Board for the Protection of Human Participants  
Northern Blvd, Old Westbury, NY 11568  
516-686-7737 ♦ <http://www.nyit.edu/ospar/irb/>

## REPORT OF ADVERSE EFFECTS ASSOCIATED WITH RESEARCH

To be filed within 24 hours of occurrence of the event.

Name of Project: \_\_\_\_\_

IRB Protocol Number: \_\_\_\_\_

Principal Investigator: \_\_\_\_\_

Subject Studied: \_\_\_\_\_

Date of Complication: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Type of Complication: \_\_\_\_\_

Action Taken: \_\_\_\_\_

Present Status of Subject: \_\_\_\_\_

Prognosis: \_\_\_\_\_

Additional information: \_\_\_\_\_

Potential of this complication explained in Informed Consent signed by subject?

Yes

No

PI Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_