QUB-HTA-004

**HTA Adverse Event Notification Form**

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| --- |
| Individual reporting the AE: |
| Research study details *(if applicable)* |
| Chief Investigator: |
| Study Title: |
| AE details |
| Date of occurrence: |
| Location: |
| Circumstances of the event *(Attach copy of a detailed report if necessary):* |
| Implications of the AE: |
| Action taken: |

Please return completed form to Research Governance, 63 University Road, Belfast, BT7 1NF or email to researchgovernance@qub.ac.uk

Date received by Research Governance:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_