

COLLEGE OF AGRICULTURE AND ENVIRONMENTAL SCIENCES

HEALTH RESEARCH ETHICS COMMITTEE

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| CAES RESEARCH ETHICS ADVERSE EVENT, SERIOUS ADVERSE EVENT AND UNANTICIPATED PROBLEMS REPORT |

*This document refers to the occurrence of any adverse events, serious adverse event or unanticipated problems which the researcher may have encountered during the execution of the study which should be reported to the CAES HREC. The report will serve either at a Special meeting convened by the chair of the CAES HREC or at the first available CAES HREC meeting. The report must provide as much detail as possible for the committee to fully understand the context of the occurrence. If necessary a meeting can be arranged with the researcher for clarification of the report.*

If you have any questions about or require assistance with the completion of this form, please contact your supervisor (master’s or doctoral students), or Ethics Administrator of the College of Agriculture and Environmental Sciences (Ms Marthie van Wyk) at [vwykmj@unisa.ac.za](mailto:vwykmj@unisa.ac.za)

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| APPLICATION NUMBER |  | **Date of this report** |  |
| **Report submitted by** | |  | |
| **Title of the research project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| Please tick the relevant **report category in which your report falls** | | | |
| Report of adverse event | | | |
| Report on serious adverse event | | | |
| Report on unanticipated problems | | | |

**REPORT ON THE FOLLOWING:**

1. **Explain the nature of the incident**
2. **Explain when and where the incident occurred or took place**
3. **Explain who was present during the incident**
4. **Explain the context in which the incident occurred**
5. **Explain the action that was taken by the researcher**
6. **Explain what transpired from the action that was taken**

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Signature of researcher Date

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Signature of supervisor Date