



IJN Research Ethics Committee
SUSAR REPORT FORM

Research Programme Information

Project Registration Number	
Project Title/Study Project	
Sponsor	
Investigator	
Expiry Date	
Reporting Period	<i>DD/MMM/YYYY TO DD/MMM/YYYY</i>

A periodic listing of Suspected Unexpected Serious Adverse Reactions (SUSARs) must be submitted at least six monthly.

Please carefully review the periodic report and detail here any individual SUSARs that the IJNREC should be made aware of (if you need more lines you may insert a row or attach a separate sheet).

Subject ID	Event	Date of Event	Outcome	Related to Study Drug (Unrelated, Possibly Related, Related)

Other Comments

Does the protocol require amending as a result of these SAE? <i>(If Yes, please submit a modification request with the amended protocol)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do the information statements require amending as a result of these SAEs? <i>(If Yes, please submit a modification request with the amended forms)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Investigator's signature : _____ Date : _____
(DD/MMM/YYYY)

FOR OFFICE USE ONLY

Date Received : _____

Name : _____

Signed : _____