

APPENDIX M**ADVERSE EVENT REPORT FORM**

This report form is for use if and when an adverse event incident occurs and should be completed by the local Principal Investigator.

1. Research Project Title:	The IMPACT Study
3. Chief/Principal Investigator:	
4. Department:	
5. Who discovered the adverse event initially?	
6. When was the adverse event reported to the Chief/Principal Investigator	
7. When was the adverse event reported to the Head of Department?	
8. When did the adverse event actually occur?	
9. Where did it happen?	

10. What actually happened and what was the impact of the adverse event?
11. Why did the adverse event occur?
12. Describe what action(s) have been taken to address the impact of this specific adverse event
13. Describe what action(s) have been taken or are planned to limit the risk of a similar event re-occurring? Add any general notes here to qualify the information given elsewhere on the form

Agreed and authorised by:	
Chief/Principal Investigator	
Signature	Date
Head of Department	
Signature	Date

Date referred to MREC _____

This information needs to be faxed to:

The IMPACT Data Centre: 0044 208 770 1489

The original document needs to be sent to:

**The IMPACT Data Centre
Cancer Genetics Unit,
Institute of Cancer Research/Royal Marsden NHS Trust,
Downs Road,
Sutton,
Surrey SM2 5PT UK**