**Adverse Event Report Form**

**(For the project approved by ethical committee for human research,**

**Faculty of Public Health, Mahidol University)**

1. Project title………………………………………………….…………………………………………

2. Name of principal investigator…………………………………………….……………………………

3. Research site………………………………………………………………………………………………

4. Protocol Number…………………COA. No.MUPH ……………..……… (See the existing approval)

5. Participant number................................Number of report.......................Date of report........................

6. Date of Adverse event....................................................................................................................

7. Summary of adverse event and actions taken by the study team including symptom of the participants at the time of this report..................................................................................................................................

……………………………………………………………………………………………………………….

8. Researcher judgement on the relationship between adverse event and research study as:

❒ Not related ❒ Possibly not related ❒ Possibly related ❒ Related

9. Action taken with participants after the adverse events

❒ Discontinue the study, participants are requested to leave the study

❒ Continue the study

❒ No protocol changes

❒ Add the monitoring measures (Please explain) ...........................................................

Signature…………………………………….…

(………….………………………………...)

Principal Investigator

Date…………………………