Committee for the Protection of Human Subjects (CPHS)
REPORT OF ADVERSE EVENT/UNANTICIPATED PROBLEM

Serious, unexpected or unusual incidents of injury that are associated with the research experienced by subjects participating in CPHS approved research studies must be reported to the CPHS Administrator, 400 R Street, Suite 369, Sacramento, CA 95811, cphs-mail@oshpd.ca.gov or FAX 916-322-2512. This form and a copy of the signed consent form must be submitted electronically or in writing as soon as possible but within 48 hours of the event.

Principal Investigator:		**Project #:**
Project Title:		
Phone #:	**E-Mail:**	
Subject's Initials:	**Age:**	**Date of Incident:**

Research Procedure involved:

Describe in detail the nature and timing of event(s):

Likelihood Injury Caused by the Study:

☐ Unlikely ☐ Possible
☐ Probable ☐ Definitely Unrelated

Injury Appears to be:

☐ Directly Related ☐ Indirectly Related
☐ Not Related to Research Treatment

Check All That Apply:

☐ Subject Died ☐ Resulted in, or Prolonged Hospitalization ☐ Resulted in Disability
☐ Required Supportive Treatment ☐ Subject Remains in the Study

Describe treatment of injury and/or corrective steps taken:

Signature of Principal Investigator: _____ **Date:** _____