# 

**CABRINI RESEARCH GOVERNANCE**

**SAFETY REPORTING FORM**

*Refer to Cabrini’s Safety Monitoring and Reporting in Research Policy for guidance on reportable events.*

| **Cabrini Project #:** | | **Cabrini Project Title:** | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Participant Study ID:** | |  | | | | |
| **Report**  **Type** (e.g. initial, follow-up 1, 2, 3 etc) | **Report Date** | **Incident**  **Date**  (the same for each report) | **Nature of Event** | **Was the event related to the study intervention (drug, device, procedure)?** | **Was**  **it a death?** | **Investigator’s comments & recommendations e.g.:**  **Is action required?**  **Has dosing been suspended?**  **Does the participant remain on study?**  **Has the event resolved?** |
| (Delete rows below as required) | | | | | | |
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| **Principal Investigator name**: | |
| **Principal Investigator signature**: | **Date**: |