

# DINÉ COLLEGE

THE HIGHER EDUCATION INSTITUTION OF THE NAVAJO NATION SINCE 1968



## Institutional Review Board

### Form E. Report of Adverse Reactions

Use this form to submit a report of any adverse reactions that occurred during this research.

Project Name: \_\_\_\_\_

Principal Investigator: \_\_\_\_\_

DC-IRB Protocol number: \_\_\_\_\_ Date of IRB Approval: \_\_\_\_\_

\_\_\_\_\_

**Describe in detail the situation in which the adverse reaction occurred.** Use extra pages as needed.

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**Describe in detail the steps you took to facilitate recovery of the individual who experienced the adverse reaction.** Use extra pages as needed.

**Describe in detail the steps you have taken to prevent such adverse reactions in the future.** Use extra pages as needed.

Has the research protocol been revised in response to the adverse reaction?

Yes                      No

**If yes, please complete and submit a copy of Form C – Revision to Submitted Proposal.**

Signature of Principal Investigator: