# Massachusetts Institute of Technology

## Committee on the Use of Humans as Experimental Subjects (COUHES)

### Protocol Event Reporting Form

#### I. What is being reported?

Report Types (comma-separated): {{reportTypes}}

#### II. BASIC INFORMATION

1. Title of Study: {{titleOfStudy}}

2. Principal Investigator:

Name: {{piName}}

Building and Room #: {{piBuilding}}

Title: {{piTitle}}

Email: {{piEmail}}

Department: {{piDepartment}}

Phone: {{piPhone}}

#### III. REPORTABLE EVENT

1. Description of the Reportable Event:

A. Date(s) of the reportable event: {{eventDate}}

B. Subject Study ID(s): {{subjectStudyIds}}

C. Event description: {{eventDescription}}

D. Relationship of the reportable event to the protocol:

Seriousness: {{seriousness}}

Expected?: {{expected}}

Related?: {{related}}

Unanticipated Problem?: {{unanticipatedProblem}}

Additional comments: {{additionalComments}}

2. Treatment of the Subject: {{treatment}}

3. Preventive measures for future events: {{preventiveMeasures}}

#### Signatures

Principal Investigator:

Signature: {{piSignature}}

Date: {{piSignatureDate}}

Print Full Name and Title: {{piPrintNameTitle}}

Department Head:

Signature: {{dhSignature}}

Date: {{dhSignatureDate}}

Print Full Name and Title: {{dhPrintNameTitle}}

Signed copies of the Protocol Event Reporting Form and supporting documents should be e-mailed to couhes@mit.edu.