

**School of Religion Research Ethics Committee  
Notification of Adverse Event Form**

**TO BE PROCESSED IMMEDIATELY FOLLOWING AN ADVERSE EVENT**

**Please complete project details:**

Project Title:	
Name of Lead Researcher (student in case of project work):	
Name of Supervisor:	
TCD E-mail:	
Contact Tel No.:	
Course Name and Code (if applicable):	
Date of event:	

**Notifications of adverse events:**

Please provide details of circumstances that gave rise to the adverse event
How many were affected by the event?
Please specify the corrective actions employed
Has this issue been resolved?

Signed: .....  
(delete as appropriate) Lead Researcher/student in case of project work

Date: .....

**Notification of adverse events should be submitted electronically to the School of Religion Research Ethics Chair, and marked urgent.**