

Participant Incident Report

As a participant in a research study or program under evaluation, your well being is paramount to the personnel of Heartland Institutional Review Board (HIRB). Your well being is also important to the researchers/program evaluators who are a part of the current research study in which you are a participant. At all times, the research study should follow a carefully controlled protocol which sets out a plan that the researcher/program evaluator is responsible for following. All details of the research study are described in the protocol and it is very important that all involved follow the protocol exactly. If an adverse incident has occurred during the research study/program evaluation that either directly involved you or that you were a witness too, it is imperative that two steps be taken: 1) You must inform the researcher/program evaluator as soon as you witness the event or have been made aware of its occurrence; 2) You must complete a Participant Incident Report Form from the HIRB website and send it to HIRB.

Directions: Please, complete this Participant Incident Report Form and <u>email it directly to HIRB at director@heartlandirb.org</u>. Someone from HIRB will review your report, and a response will be provided directly to you no later than 5 working days.

1)	Your Name:	
2)	Project Participant Name:	
3)	Is the individual involved in this incident a minor/child? Yes	No
4)	Are you a participant in this project? Yes No	
5)	Are you a parent/guardian of the minor/child who is a participant in this involved in this incident? i Yes No	project and

7) Name o	f Project: _				
3) Project	Address:				
		Street Address			
		City	State	Zip Code	
9) Name o	f Project Su	pervisor at this addres	ss:		
10) Location	n of Inciden	t (Where at the projec	t address did thi	s incident o	ccur):
 11) Date thi	is incident c				Vear
 I1) Date thi	is incident c	occurred: Month		 Date	 Year
		Month			Year
			u:		Year ———————————————————————————————————
12) Date thi	is incident v	Month was made known to yo	Month		 Date Year
12) Date thi 13) How we	is incident v	Month was made known to yo	Month		 Date Year
12) Date thi 13) How we	is incident v ere you invo	Month was made known to yo	Month (Select only one	e by placing	 Date Year an "X" in the blar
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12) Date thi 13) How we	ere you invo	Month was made known to yo blved with this incident tion.)? Directly involved in	Month (Select only one this incident as	e by placing it happened	Date Year an "X" in the blar I to me
12) Date thi 13) How we	ere you invo	Month was made known to you blved with this incident tion.)? Directly involved in I witnessed the inci	Month (Select only one this incident as dent is incident by a part of the second continuous contin	e by placing it happened	Date Year an "X" in the blar I to me

hen possible	2.).			
escribe the e	events in the or	der in which	they occurred	

Directions: In the text boxes below, answer each question to the best of your ability.

incident.	y possible injur					
	cident related to what way(s).	to the resear	rch study o	r program e	evaluation p	protocols? If s
describe in	wildt way(s).					
Is there an	ything else you	would like ι	us to know	about this p	oroject or th	nis incident?