

FOR OFFICE USE ONLY: DATE RECEIVED # _____

IBC PROTOCOL #: _____

DATE COPY SENT TO UND OFFICE OF SAFETY: _____

COMMENTS: _____

**University of North Dakota
Institutional Biosafety Committee (IBC)
Institutional Biosafety Adverse Event Reporting Form**

Please send your completed document to the Office of Research Compliance & Ethics

Be sure to save the application PDF to your computer before you begin completing the form. You may not be able to save your changes if you edit this form in a web browser. Mac users please use Adobe Acrobat Reader or Adobe Acrobat Pro to fill out the Adverse Event Reporting Form.

File this report within 24 hours of the event with the Institutional Biosafety Office. This form is used to report research-related adverse events only (**NOTE: You still need to fill the Incident Reporting Form and submit to Office of Safety**). **Non-research related events are recorded using only the “Incident Reporting Form”**. Complete this form electronically and send to UND.ibc@UND.edu.

If you need help or have questions about how to complete this form, please contact the IBC Chair, Matthew Nilles, at matthew.nilles@med.UND.edu

This form must be submitted by the Principal Investigator. If not possible for reports due in 24 hours (see below), the form must be submitted by the laboratory senior staff immediately and again by the Principal Investigator on the next working day.

IBC Protocol #:		Principal Investigator:	
Project Title:			

Incident Date:		Incident Time:	
Incident Location(s):			

How many individuals were involved? _____

I. PLEASE DESCRIBE THE INCIDENT

II. PERSONAL INJURY INFORMATION

a. Did the incident involve recombinant DNA molecules/materials or a gene product?

No

Yes, Please describe below:

b. Did the incident involve human blood or other human body fluids?

- No
- Yes, Please describe below:

c. Did the incident involve an infectious agent?

- No
- Yes, Name of agent: _____

Please describe below:

d. Was there a splash to the eyes, nose or mouth?

- No
- Yes, Please describe below:

e. Did the incident involve a cut?

- No
- Yes, Please describe below the part of the body affected:

f. Did a needlestick occur?

- No
- Yes, Please describe below:

If the incident involves:

- **Recombinant or synthetic nucleic acids**
- **Agents used for gene transfer**
- **Infectious agents created with recombinant gene transfer techniques**

It must be reported to the Office of Research Compliance & Ethics (701-777-4079) or UND.ibc@UND.edu within 24 hours to meet institutional requirements prescribed by the NIH Guidelines for Research Involving Recombinant or Synthetic Nucleic Acid Molecules.

III. TREATMENT INFORMATION

a. If the incident involved exposure to the skin, indicate the disinfectant used (Check all that apply):

- Germicidal soap, describe: _____
- Soap and water

Other disinfectant, describe: _____

b. Was professional medical treatment sought from any of the following (Check all that apply):

Designated Medical Provider, Clinic name: _____

Emergency room

Personal physician

Other, please describe: _____

c. How long after the incident was professional medical treatment sought? _____

IV. ENVIRONMENTAL RELEASE

a. Were biological materials spilled and/or splashed on environmental surfaces within the laboratory?

No

Yes, describe the areas of contamination:

b. Was untreated biological material released from the laboratory?

No

Yes, describe the nature of the release:

c. Describe the clean-up procedure used:

V. ASSURANCE BY PRINCIPAL INVESTIGATOR

I assure that all of the information included on this form is accurate to the extent of my knowledge.

Principal Investigator/Laboratory Supervisor Signature: _____

Date: _____

Please return the completed form to:
UND.ibc@UND.edu