



University of Southern Maine  
Office of Research Integrity and Outreach  
**Institutional Biosafety Committee (IBC) - Adverse Event Report**

Primary Investigator (PI) Name:  
PI Organization:  
PI Phone:  
PI Email:

Study Title:  
IBC Protocol Number:  
Current status of the project is:

**Adverse Event**

Date(s) of incident:

List the names of any research staff involved in the incident:

List the materials involved in the incident:

Provide a detailed description of the incident and its outcome:

I certify that the above is a true account of the adverse event: PI Signature:

Any comments about the use of this Google Form?: <