

**OKLAHOMA STATE UNIVERSITY
CENTER FOR HEALTH SCIENCES
COLLEGE OF OSTEOPATHIC MEDICINE**

**OFFICE OF RESEARCH AND SPONSORED PROGRAMS
INSTITUTIONAL REVIEW BOARD**

APPENDIX I SAE and AE Report Form

TO: Oklahoma State University College of Osteopathic Medicine
Institutional Review Board Chair and Members

Attached, please find copies of Serious Adverse Event and Adverse Event reports on:

Protocol #: _____

Titled: _____

A summary of each report is listed below and copies of the full event reports are attached.

Date of Event & # (00/00/00) (SAE or AE #)	Description (3-5 words) (GI bleed)	Associated w/Study Drug (yes/no/unknown)
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P.I. Signature

Date
