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Faculty of Health Sciences Ethics Office for Research, Training and Support  
[health-sciences.nwu.ac.za/healthethics](http://health-sciences.nwu.ac.za/healthethics)

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| **AnimCare** Ethics Committee on Animal Care, Health and Safety in Research *(AREC-130913-015)* **Declaration Form for Reporting Adverse Events**  ***AnimCare 05-04a, Version 4.10 (Nov 2016)*** |
| **CONFIDENTIAL!** This document contains confidential information that is intended strictly and exclusively for the applicant and AnimCare Committee. Should this document or parts thereof erroneously come in your possession, you are requested to destroy it or to return it to AnimCare without delay. Unauthorised possession, reading, studying, copying or distribution of this material, or any other form of abuse, is illegal and punishable. |

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| General Project Identification |

**Applicant to complete this table BEFORE sending it off for signing.**

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| **Project Head** (Title, Initials & Surname) | Click or tap here to enter text. |
| **Project Title** (see Application Form) | Click or tap here to enter text. |
| **NWU Ethics Number** (see Application Form) | NWU- ???-??-s? |

This page is to be completed and signed by ALL individuals indicated below.   
**Please note!** This form may be filled in and signed electronically, and then converted to PDF (recommended), or printed to complete and signed if not possible.

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| Declarations |

**Individual who identified the adverse event:**I hereby declare that I have read the adverse event report, that the adverse event was identified by me and that to the best of my knowledge I agree with the details as described this report.

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| **Name** (Title, Full Names & Surname) |  |
| Click or tap here to enter text. |
|  |
| **Date** |
| Click or tap to enter a date. | **Signature** |
|  | |
| **Any comments (optional)** Click or tap here to enter text. | |

**Second person who witnessed the adverse event:**   
I hereby declare that I have read the adverse event report, that the adverse event was witnessed by me and that to the best of my knowledge I agree with the details as described this report.

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| --- | --- |
| **Name** (Title, Full Names & Surname) |  |
| Click or tap here to enter text. |
|  |
| **Date** |
| Click or tap to enter a date. | **Signature** |
|  | |
| **Any comments (optional)** Click or tap here to enter text. | |

**Delegated supervisor of the Vivarium (or other facility where applicable) to whom the adverse event was reported to:**   
I hereby declare that I have read the adverse event report, that the adverse event was reported to me and that to the best of my knowledge I agree with the details as described this report.

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| --- | --- |
| **Name** (Title, Full Names & Surname) |  |
| Click or tap here to enter text. |
|  |
| **Date** |
| Click or tap to enter a date. | **Signature** |
|  | |
| **Any comments (optional)** Click or tap here to enter text. | |

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| Acknowledgement that notice was given |

**Project head:**   
I hereby declare that I have been notified of this adverse event report.

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| --- | --- |
| **Name** (Title, Full Names & Surname) |  |
| Click or tap here to enter text. |
|  |
| **Date** |
| Click or tap to enter a date. | **Signature** |
|  | |
| **Any comments (optional)** Click or tap here to enter text. | |

**Vivarium head (or other facility where applicable):**   
I hereby declare that I have been notified of this adverse event report.

|  |  |
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| **Name** (Title, Full Names & Surname) |  |
| Click or tap here to enter text. |
|  |
| **Date** |
| Click or tap to enter a date. | **Signature** |
|  | |
| **Any comments (optional)** Click or tap here to enter text. | |

**AnimCare chairperson (or delegated member):**   
I hereby declare that I have been notified of this adverse event report.

|  |  |
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| **Name** (Title, Full Names & Surname) |  |
| Click or tap here to enter text. |
|  |
| **Date** |
| Click or tap to enter a date. | **Signature** |
|  | |
| **Any comments (optional)** Click or tap here to enter text. | |

**NWU Health Sciences Ethics Office:**   
I hereby declare that I have been notified of this adverse event report.

|  |  |
| --- | --- |
| **Name** (Title, Full Names & Surname) |  |
| Click or tap here to enter text. |
|  |
| **Date** |
| Click or tap to enter a date. | **Signature** |
|  | |
| **Any comments (optional)** Click or tap here to enter text. | |