


This is a controlled document
Any printed versions of this document will be classed as
uncontrolled

Human Tissue Act
Adverse Incident report form

This form must be completed as soon as possible and submitted to the DI. Any serious event should be reported to Life Sciences HTA Committee and to Life Sciences/Psychology Management Committees and the Registrar at least 24 hours of being made aware of any serious adverse event/incident. Please provide as much relevant information as possible, keeping any associated paperwork attached to report form. Please ensure that all other relevant UoS incident report forms are completed.

SOP Reference:	SOP/HTA/9a report form
Version Number V 2.0	Date: 24/04/2018
Effective Date: 30/04/2018	Review by: 01/05/2019

Author: Dr Georgios Giamas Designation: Designated Individual School of Life Sciences	Signature 	Date 24/04/2018
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1. License details

Designated Individual	HTA license number and licensed premise(s)
Georgios Giamas	12119
Designated individual contact number	Email address and contact number
01273 873163	G.Giamas@sussex.ac.uk
Person(s) Designated	Email address and contact number
Lisa Woodbine (GNOM)	L.J.Woodbine@sussex.ac.uk 01273 873115
Heather Fawcett (GNOM)	H.Fawcett@sussex.ac.uk 01273 873115
Robert Fowler (Bio-Chemistry)	R.E.Fowler@Sussex.ac.uk 01273 872758
Jenny Rusted (Psychology)	J.Rusted@sussex.ac.uk 01273 678325

2. Reporting

AE/incident reported to:	By:	On: (dd/mm/yyyy)
Person(s) Designated		
Designated Individual		
UoS License holder/ Registrar		
Other personnel – UoS/internal		
Other personnel – External		
HTA		

3. Adverse event/incident

Date incident occurred
Date DI or staff under DI's supervision informed of/made aware of AE/incident
Site of AE/incident
Summary of AE/incident
Severity/grade of AE/incident

4. Initial action taken by DI and/or PD(s) since being made aware of AE/incident

Initial action taken
<i>Corrective</i>
<i>Preventative</i>
Date of resolution, if applicable N/A

5. Any other relevant information

Please provide any additional information relevant to the AE/incident

Report completed by:	Date report submitted: