ADVERSE EVENT REPORTING POLICY

1.0 DEFINITIONS

1.1 BNL defines **"Adverse Event"** as an undesirable event, whether expected or unexpected, that occurs from the time a subject signs consent until the subject's final study follow-up is completed. An adverse event must be reported even if there is no obvious causal relationship between the protocol procedures and the event. Adverse events are further defined as **serious** or **non-serious.**

i. Serious Adverse Event (SAE). An adverse event is considered serious if it:

- Is fatal
- Is life threatening
- Requires ongoing medical management or hospitalization
- Prolongs hospitalization
- Results in persistent or significant disability,
- Causes birth defects
- Requires medical or surgical intervention to prevent one of the outcomes listed above.

ii. Non-Serious Adverse Event. An adverse event is considered non-serious if it is not serious as defined above but meets the definition provided in section 1.1 of this policy.

2.0 ANALYSIS OF ADVERSE EVENTS

2.1 In preparing the BNL Adverse Event Report and/or the CORIHS UP Form, the PI (or designated responsible person such as the participating or responsible physician or the nurse who witnessed the incident), must provide a description of the adverse event in sufficient detail to allow for a complete medical assessment of the case and allow for an independent determination of possible causality. Information on other possible causes of the event, including concomitant medications and illnesses, must be contained within the report.

2.2 The PI (or designated responsible person) must document in the subject record follow up actions taken. This documentation must include a description of the event and the outcome. The subject record must be signed and dated by the person reporting the event. The Quality Assurance Physician will conduct formal follow-up with the AE subcommittee and report to the Quality Assurance committee, and the IRB, as appropriate. This review must be documented on the Adverse Event Report.

3.0 CRC REPORTING REQUIREMENTS

3.1. Serious Adverse Event.

NOTE: FOR ANY SERIOUS ADVERSE EVENTS THAT OCCUR ON-SITE, BNL EMERGENCY RESPONSE (2222 OR 911) SHOULD BE CONTACTED IMMEDIATELY

Timing of notification. The PI is required to **immediately** notify the Clinical Research Center (CRC) Manager and the Office of Research Administration (ORA) by telephone if the event is serious. A written report must be filed within 24 hours fo BNL and within five working days for CORIHS. If the SAE occurs at night or on the weekend, the CRC Manager and ORA must be notified by phone at the start of the next business day.

i. Method of Notification

Format: Notification is accomplished by completing a BNL Adverse Event Report Form and the CORIHS Unanticipated Problem (UP) Form.

Process: The CRC Manager will contact the Quality Assurance Physician. After the completed report is signed, including the signature of the Quality Assurance Physician, the report will be forwarded to the ORA, who will forward it to the IRB. In the absence of the CRC Manager, the Quality Assurance Physician will be contacted. If he/she is unavailable, the Medical Department Chairperson will be contacted.

Follow up. Follow up reports should be included on the original AE form to document ongoing status and resolution of clinical situation. The CRC Manager and the Quality Assurance Physician will review these reports prior to filing with the ORA and other agencies.

Records Management:
The PI shall file a copy of the Adverse Event Report and the UP Form in the subject record, Case Report Form and in the applicable Investigator File. The original shall be maintained by the ORA.

Collaborating Institutions:
Copies of the Adverse Event Reports should be forwarded to collaborating institutions for their information. Similarly, collaborating institutions must be requested to forward adverse event reports initiated by them to BNL for our records and reporting requirements.

3.2 Non-Serious Adverse Events.

i. Timing of notification

The PI is required to notify the CRC Manager within 24 hours in writing and within five days of CORIHS of a non-serious adverse event.

Non-Serious Adverse Event Reports will be followed up in the same way as serious A/E's and reported to ORA within 30 days.

ii. Method of Notification

Format: Notification is accomplished by filing a BNL Adverse Event Report and/or the CORIHS Unanticipated Problem (UP) form.

Process: The CRC will contact the Quality Assurance Physician who will assess the situation and document his/her review of the situation on the Adverse Event Report. After the Adverse Event form is signed by the Quality Assurance Physician, it will be forwarded to the ORA. In the absence of the CRC Manager, the Quality Assurance Physician will be contacted. In the absence of the Quality Assurance Physician the Medical Department Chairperson will be contacted.

Follow up. Follow up reports should be included on the original AE Form to document onging status and resolution of clinical situation. The CRC Manager and the QA Physician will review these reports priop to filing with the ORA and other agencies.

Records Management.
The PI shall file a copy of the Adverse Event Report and/or UP Form in the subject record, Case Report Form and in the applicable Investigator File.

Collaborating Institutions. Copies of the Adverse Event Reports should be forwarded to collaborating institutions for their information. Similarly, collaborating institutions must be requested to forward adverse events initiated by them to BNL for our records and reporting requirements.

4.0 REGULATORY AND FUNDING SOURCE REPORTING REQUIREMENTS

The Principal Investigator is responsible for complying with reporting as required by the funding source or regulatory agencies related to their research. Please note that these requirements are **in addition** to those required by BNL.

4.1 FDA/IND (IND-21 CRF 312.32) – The FDA requires reporting of Adverse Events that are **both** serious and unexpected. Therefore, non-serious adverse events are not required to be reported to the FDA.

i. The Timing of notification

SAE: If the event is unexpected death or life-threatening the PI must notify the FDA by telephone no later than three (3) working days after receipt of information. All other Serious Adverse Events may be reported as noted below.

ii. Method of notification.

SAE: Telephone within three working days, followed by IND Safety Report within 10 working days

4.2 Funding source – The PI is responsible for knowing and complying with all requirements of institutions providing funding for their protocol.