





**BATANGAS MEDICAL CENTER
RESEARCH ETHICS REVIEW COMMITTEE**

FORM 3.19.1B REPORT of NEGATIVE EVENTS (RNE)

Instructions to the Researcher: Please accomplish this form.

General Information			
Title of Study			
REC Code (To be provided by REC)		Study Site	
Name of Researcher		Contact Information	Tel No:
Co-researcher (if any)			Mobile No:
			Fax No:
			Email:
Institution			
Address of Institution			
Ethical clearance effectivity period			
RNE Report	Date submitted:		
1. Start of study	2. Expected end of study		
3. Number of enrolled participants	4. Number of required participants		
5. Description of Negative (harms, risks) Events	6. Actions taken to prevent future RNEs, interventions and Outcomes		
a. Involving Participants			
b. Involving members of the Study Team			
c. Involving Data safety and integrity			
7. Recommendations			

	<p>Republic of the Philippines Department of Health, Center for Health Development (CHD) IV-CALABARZON BATANGAS MEDICAL CENTER Batangas City ISO 9001:2015 CERTIFIED</p>  	
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Received by:	Name & designation	Signature	Date:
Chairman:	Printed Name:	Signature	Date Received