This form should be filled in by the Chief or Principal Investigator or other authorised person implementing an urgent safety measure (USM). All USMs must be reported to the trial office immediately following implementation <<research project email address>>.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of person implementing USM:** | | |  | | | |
| **Position of person reporting USM:** | | |  | | | |
| **Date USM implemented:** | | | *(DD/MM/YYYY)* | | | |
| **Date USM notified to CI / Trial Office:** | | | *(DD/MM/YYYY)* | | | |
|  | | | | | | |
| **Site ID No.:**  **(if applicable)** |  | | **Name of site(s) involved:** | |  | |
| **Names of site personnel involved in local decision to implement an USM :** | | |  | | | |
| **Date USM reported to REC:** | | *(DD/MM/YYYY)* | | **Date USM reported to MHRA: (if applicable)** | | *(DD/MM/YYYY)* |
|  | | | | | | |
| **Detail circumstances of the USM (indicate participant identification number where relevant)** | | | | | | |
|  | | | | | | |
| **Detail decisions made and all USM(s) implemented?** | | | | | | |
|  | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of person reporting USM:** |  | **Date:** | *(DD/MM/YYYY)* |