

**Catawba College Institutional Review Board  
Adverse Event/Unanticipated Problem Report Form**

<b>1. IRB Study Protocol</b>	
Title/IRB Number:	
Date:	Principal Investigator:
Email:	
<input type="checkbox"/> I am a student. <i>If you are a student, please provide information about your faculty sponsor below.</i>	
Name:	Email:
<b>2. Adverse Event/ Unanticipated Problem Reporting</b>	
Date occurred:	Date identified:
Location of event/problem:	
Describe the Adverse Event/Unanticipated Problem:	
Does this involve a breach of confidentiality? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>3. Plan of Action:</b>	
Do you think the protocol or informed consent needs to be revised? <input type="checkbox"/> Yes <input type="checkbox"/> No Please Explain:	

What actions have you taken in response to the adverse event/unanticipated problem?	
What actions, if any, do you think are appropriate to prevent this from occurring again?	
Principal Investigator Name and Signature:	Date:

\*Policy was adopted from Davidson College Human Subjects IRB Application Support Forms, Iowa State University Office of Research Ethics, and Boston University (BU) IRB Exception and Deviation Policy