

RHODE ISLAND COLLEGE  
 INSTITUTIONAL REVIEW BOARD  
 Unanticipated Problems / Adverse Events Report

All unanticipated problems/adverse events must be reported within 48 hours of occurrence. This form and any supporting documents must be sent to [IRB@ric.edu](mailto:IRB@ric.edu).

IRB Project #:	
Expiration date:	
Project title:	
Principal Investigator Name:	
email:	
phone:	
CITI ID number	
CITI completion date	

Does the noncompliance being reported involve any other collaborating organizations outside of Rhode Island College?

Yes  No

If yes, please list all collaborating organizations: \_\_\_\_\_

Is there more than one event to report at this time? Yes  No

Provide the following information for **each** unanticipated problem/event that is serious and possibly related to the research procedures. Send additional pages if necessary.

Date of event:	
Date of this report:	
Describe problems/event, including where it occurred:	

*How is the problem/event related to the research?*

Possibly related  Probably related  Definitely related

*Does this problem/event alter risk to past, present or future subjects?*

Yes  No  Don't know (insufficient information)

**If yes, please describe how** \_\_\_\_\_

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Based on your judgment, should this problem/event be added to the consent form as a potential risk?

Yes	<input type="checkbox"/>	Provide revised consent form with changes highlighted
No	<input type="checkbox"/>	Explain why not: <input type="text"/>

Based on your analysis of this problem/event:

Should currently enrolled participants be notified?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Should participants who have completed the study be notified?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Explain:

### Statement of Responsibility

I understand that typing my name below serves as an electronic signature. I confirm that my CITI training is current (within the last 5 years). I understand the requirements for the ethical conduct of research, and that I am accepting the responsibilities associated with this research project. All of the information reported here is accurate, and no relevant information has been omitted.

Responsible Investigator Signature:

Date:

<b>For office use only:</b>
Primary reviewer's comments <input type="text"/>
Secondary reviewer's comments <input type="text"/>
IRB Chair's comments <input type="text"/>