



Monroe • Polkton • Wadesboro

IRB Unexpected Event Report Form

Principal Investigator:

Address:

Phone Number:

E-mail:

Department, school, or program you represent:

Title of Project:

Unexpected Event Report Submission Date:

1. Describe the unexpected event(s) not outlined in the initial IRB application. Include the dates of occurrences, number of participants, and impact on participants.

2. Describe the actions taken by the research team, if any, in response to the event.

