

**CLARKSON COLLEGE**  
**Institutional Review Board (IRB) – Unanticipated Problem/Adverse Event Reporting Form**

**SECTION I**

Title of Study:

Principal Investigator:

Address:

Clarkson College ID# (if applicable):

Phone Numbers:	(work)	(cell/home)
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Email:<sup>1</sup>

Principal Investigator's Status:

Student    Faculty    Staff    Other (please identify)

Co-Investigator:

Address:

Clarkson College ID# (if applicable):

Phone Numbers:	(work)	(cell/home)
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Email:

Co-Investigator's Status:

Faculty    Student    Staff    Other

(Office Use Only)

**IRB #:**

**Date Received:**

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<sup>1</sup> Investigators outside the College should provide the email address issued by their institution.

**SECTION II**

- 1. Date of Occurrence:
- 2. Location of event:
- 3. Brief description of the nature of the unanticipated problem (attach description if more space needed):
- 4. Are any of the following true regarding the event?

- death – date
- congenital anomaly / birth defect
- life-threatening
- required intervention to prevent permanent impairment
- hospitalization - initial or prolonged
- disability / incapacity

- 5. Relationship of event to study:

- Unrelated
- Possible
- Definite

- 6. Was this an unexpected adverse event?

- Yes       No

- 7. What (if any) steps were taken to handle the event?

\_\_\_\_\_  
**Printed Name of Principal Investigator**

\_\_\_\_\_  
**Date:**

\_\_\_\_\_  
**Signature of Principal Investigator**

Submit this form via email at [IRB@clarksoncollege.edu](mailto:IRB@clarksoncollege.edu) or mail it to Clarkson College at the address listed below. A scanned PDF of the executed (signed) signature page(s) can be attached with the submission.

**Clarkson College Institutional Review Board**  
**101 S. 42<sup>nd</sup> Street**  
**Omaha, NE 68131**  
**Phone: 402.552.3100; Fax: 402.552.6019**

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