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| **Institutional Review Board Office**  Phone: 410-955-3193  Toll Free: 1-888-262-3242  Email: [bsph.irboffice@jhu.edu](mailto:bsph.irboffice@jhu.edu)  Website: [www.bsph.edu/irb](https://publichealth.jhu.edu/) | **ANTICIPATED PROBLEM/EVENT SUMMARY FORM**   1. To submit reports of ***anticipated*** problems/events that have been described in the research plan, consent form, and/or investigator’s brochure. ***Submit as an attachment to the Progress Report*** or 2. To submit sponsor required adverse events that do not meet the JHSPH requirements for *Unanticipated Problem/Event* reporting.) ***Do not use to submit Sponsor Generated IND Safety Reports.*** |
| IRB No.: |  |
| Principal Investigator: |  |
| Sponsor: |  |
| Date Submitted to the IRB: |  |

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| Date of Problem/Event | Subject Study ID  (No PHI, please) | Description of Problem/ Event (attach extra pages, if needed) | Was the event reported to the IRB during the past approval period? If yes, provide date of report. | Sponsor Notification Date (required for IND/IDE studies) |
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