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| **Institutional Review Board Office**Phone: 410-955-3193Toll Free: 1-888-262-3242Email: bsph.irboffice@jhu.eduWebsite: [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.***
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| 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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