

Current Datas

Office of Research and Sponsored Programs

Sam Houston State University 903 Bowers Blvd, PO Box 2448

Huntsville, TX 77341 Phone: 936.294.3621 Fax: 936.294.3622

ADVERSE EVENT REQUIRING PROMPT REPORTING TO THE PHSC

This form should only be used to report Unanticipated Problems Involving Risks to Subjects or Others (UPIRSO) or other events that require prompt reporting according to the SHSU IRB Standard Operating Procedure #6 (see section II below).

Protocol Number

SECTION I: RESEARCH PROTOCOL INFORMATION

Current Date.	riotocor number.	
1. Research Title:		
2. Principal Investigator		
Name	University Status/T	itle
Department	College	
Phone Number	Email Address	
3. Supervising Faculty - required	if PI is a student	
Name	University Status/I	Γitle
Department	College	
Phone Number	Email Address	
Contact Information: Someone o	ther than the PI who may be contacted i	regarding this report (i.e., Co-PI, Study
Coordinator, Nurse, Physician, e	tc.)	
Name	Phone	Email
If the event requires a change to	the protocol and/or consent document, i	is an Amendment attached?
Yes	No	Pending
SECTION II: TYPE OF EVEN	NT (CHECK ALL THAT APPLY)	

Unanticipated Problem Involving Risk to Subjects or Others (UPIRSO) [see IRB SOP #6, section 4.02.a]

Breach of Confidentiality (e.g., computer theft, invasion of privacy, unauthorized use of PHI, etc.)

Events requiring prompt reporting according to the protocol, sponsor, or funding agency (PIs should also be aware of state and local mandatory reporting laws (such as for child abuse, suicidal ideation, etc.))

New information indicating an unexpected change in risks or potential benefits (e.g., literature/scientific reports or other published findings)



Office of Research and Sponsored Programs

Sam Houston State University 903 Bowers Blvd, PO Box 2448

Huntsville, TX 77341 Phone: 936.294.3621

Suspended

Fax: 936.294.3622

Protocol deviations, violations, or other accidental or unintentional changes to the protocol or procedures involving risks or with potential to recur

Emergency protocol deviation made to eliminate apparent immediate hazard to a research participant

Subject complaints indicating an unanticipated risk or complaints that cannot be resolved by the research staff

Unapproved changes made to the research to eliminate an apparent immediate hazard to a subject

Other problem or finding (e.g., loss of study data or forms, a minor subject becomes an adult while participating in the research, a subject becomes a prisoner while participating in the research, etc.) that an investigator or research staff member believes could influence the safe conduct of the research.

SECTION III: EVENT INFORMATION

On-going

1. Date of Event:	Date PI Notified of Event		
2. Where was the subject en	rolled in the research?		
SHSU Campus	SHSU Off-Campus—Idea	ntify off-campus location:	
Non-SHSU Site—Io	lentify site:		
3. Event Report:	Initial Report	Follow-up Report #	
4. Provide a brief description (attach supplemental materia		nd how it impacted the safety or welfare of subjects of others	
	earch subject's status following	g event occurrence: Stopped research intervention/interaction	
Continued research-		Subject withdrew from further participation	
Already completed research		PI withdrew subject from further participation	
6. Number of subjects currently enrolled at SHSU:		and/or Multi-center Sites:	
7. Research recruitment (at S	SHSU or at a site under the SH	ISU PHSC's jurisdiction) is:	
On-going	Completed	Suspended	
8 Research interventions/in	teractions involving other subi	ects are:	

Completed



Office of Research and Sponsored Programs **Sam Houston State University** 903 Bowers Blvd, PO Box 2448

Huntsville, TX 77341 Phone: 936.294.3621 Fax: 936.294.3622

SECTION IV: A	ASSESSING	THE E	VENT
----------------------	-----------	-------	------

1. If this event or information represents an UPIRSO, explain why:
2. Is this event, including the severity and frequency of the event, consistent with the information (i.e., protocol, literature consent, etc.) provided to the IRB? Yes No
If no, explain why not:
3. Is this event, including the severity and frequency of the event, consistent with the information provided to the subject Yes No
If no, explain why not:
4. Did the event compromise the validity or integrity of the study data? Yes No
If yes, please explain:
SECTION V: ACTIONS TO BE TAKEN BY THE PI
No action is planned; no changes needed to the research protocol and/or consent process
Modification(s) of the research protocol or procedures**

Providing additional information to current research participants (required when such information may relate to

Modification(s) of the consent process or consent form**

their willingness to continue in the research) **



Office of Research and Sponsored Programs Sam Houston State University 903 Bowers Blvd, PO Box 2448

Huntsville, TX 77341 Phone: 936.294.3621 Fax: 936.294.3622

Providing additional information to past research participants**

Reconfirming consent of current research participants**

Requiring additional follow-up/monitoring for current and/or past research participants**

Monitoring of the research (including audits) or consent process

Education or mentoring for the principal investigator and/or research staff

Additional reporting, including modification of the continuing review schedule

Requiring additional resources to support the investigator's research activities

Placing limitations (e.g., restriction to co-investigator status) on the investigator's research activities or use of research data

Suspending or terminating the research***

Referral to other appropriate university process (e.g., the Provost and Vice President for Academic Affairs, as outlined in Academic Policy Statement 920808)

**Requires the submission of an amendment to the PHSC for approval. Complete and provide the amendment request form along with any associate document(s) for all proposed changes and communications

***May prompt additional reporting requirements—refer to SHSU policy on Institutional Reporting Requirements

SECTION VI: ADDITIONAL REPORTING REQUIREMENTS

To whom has the event been reported?

Research sponsor/coordinating site Date Reported:

Other collaborators Date Reported:

SHSU Administration Date Reported: