**Linfield College**

**IRB Incident Report Form**

**Part 1: General Information**

1. IRB Approval Number:

2. Project Title:

3. Principal Investigator(s):

 4. Co-investigator(s) *- if you are a student, you must include your advisors name*:

5. Is this research being funded by an external funding agency:

 **[ ]  NO**

 **[ ]  YES (specify)**:

**Part 2: Incident Information**

|  |  |  |
| --- | --- | --- |
| 1. | Names of individuals involved: |  |
| 2. | Location of the incident: |  |
| 3. | Date(s) of incident: |  |
| 4. | Incident involved: |
|  | [ ] Drug/Device [ ] [ ]  | [ ] Procedure |
|  | [ ] Treatment | [ ] Intervention |
|  | [ ] Other:  |
| 5. | Severity of Incident: |
|  | [ ] Mild  | [ ] Moderate | [ ] Severe |

|  |  |
| --- | --- |
| 6. | Describe the incident in detail: |

|  |  |
| --- | --- |
| 7. | Was this incident an anticipated risk described in the initial protocol application and informed consent documents? |
|  | [ ] YES | [ ] NO  |  |

|  |  |
| --- | --- |
| 8. | In your judgment, was the event caused by procedures associated with this protocol? |
|  | [ ] Related  | [ ] Possibly related |
|  | [ ] Not related | [ ] Possibly not related |
|  | [ ] Not information to judge |

|  |  |
| --- | --- |
| 9. | If “related” or “possibly related” to the research, explain what procedures were already in place to minimize or reduce the risk of this event. |

**Part 3: Treatment Information (if applicable)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |
| --- | --- |
| 6. | Individual’s recovery was: |
|  | [ ] Complete  | [ ] Moderate  |
|  | [ ] Minimal | [ ] Not resolved at this time |
|  | [ ] Other: |
|  |
| 7. | In your judgment, should the informed consent process or any part of the protocol be modified as a result of this event? |
|  | [ ] YES (Submit a [MODIFICATION FORM](http://web1.boisestate.edu/research/compliance/irb-forms.shtml)) | [ ] NO  |

 |

|  |  |  |
| --- | --- | --- |
| 1. | Date of treatment: |  |
| 2. | Name of individual(s) who received treatment: |  |
| 3. | Name of individual(s) who provided treatment: |  |
| 4. | Location of treatment: |  |
| 5. | Describe the treatment provided to the participant(s) in detail: |

**Part 4: Additional Information**

|  |  |
| --- | --- |
| 1. | Other than this report, have any other reports been submitted to other offices/departments regarding this event? Indicate where and when these reports have been submitted. |

|  |  |
| --- | --- |
| 2. | Additional Information: |

**Part 5: Signatures**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **Principal Investigator (PRINT)** |  | **Signature** |  | **Date** |
|  |  |  |  |  |
|  |  |  |  |  |
| **Co-PI/Faculty Adviser (PRINT)** |  | **Signature** |  | **Date** |

Submit completed form to the IRB chair (tatompki@linfield.edu).