

OKLAHOMA STATE UNIVERSITY CENTER FOR HEALTH SCIENCES
OFFICE OF RESEARCH
INSTITUTIONAL REVIEW BOARD

APPENDIX F Unanticipated Problem (UP) and Adverse Event (AE) Report Form

TO: Oklahoma State University Center for Health Sciences
Institutional Review Board Chairperson and Members

Attached, please find copies of Unanticipated Problem or Adverse Event reports on:

Protocol #: _____

Titled: _____

A summary of each report is listed below and copies of the full event reports are attached.

Date of Event & #	Description (3-5 words)	Associated w/Study Drug
(00/00/00) (UP or AE #)	(GI bleed) EXAMPLE	(yes/no/unknown)*

Principal Investigator Signature

Date

*Decision should be made directly from the criteria listed in the protocol.