



## **Unanticipated Problem Report Form**

Unanticipated Problems are required to be submitted to Total IRB within 10 business days from the date the Investigator or designee becomes aware of the event. Additionally, Principal Investigators and Sponsors/CROs must notify the appropriate regulatory agency of the problem.

The FDA issued guidance for Clinical Investigators, Sponsors and IRBs on Adverse Event and Unanticipated Problem reporting to IRBs. The guidance is “intended to help differentiate those adverse events that should be considered unanticipated problems (and thus reported to the IRB) from those that should not, thereby helping to ease the burden on IRBs and make the adverse events information they receive more informative and useful.” The guidance document can be accessed at:

<http://www.fda.gov/downloads/RegulatoryInformation/Guidances/UCM126572.pdf>

AEs observed during the conduct of a study should be considered an unanticipated problem involving risk to human subjects, and reported to the IRB, **only** if it satisfies **ALL** of the following criteria:

- RELATED or POSSIBLY RELATED** to participation in research
- UNEXPECTED**
- Has implications for the conduct of the study** (places subjects or others at increased risk of harm)

FDA examples of AE Unanticipated Problems:

- A single occurrence of a serious, unexpected event that is uncommon and strongly associated with drug exposure (such as angiodema, agranulocytosis, hepatic injury, or Stevens-Johnson syndrome).
- A single occurrence, or more often a small number of occurrences, of a serious, unexpected event that is not commonly associated with drug exposure, but uncommon in the study population.
- Multiple occurrences of an AE that, based on an aggregate analysis, is determined to be an unanticipated problem. There should be a determination that the series of AEs represents a signal that the AEs were not just isolated occurrences and involve risk to human subjects (e.g., a comparison of rates across treatment groups reveals higher rate in the drug treatment arm versus a control).
- An AE that is described or addressed in the investigator’s brochure, protocol, or informed consent documents, but occurs at a specificity or severity that is inconsistent with prior observations.
- A serious AE that is described or addressed in the investigator’s brochure, protocol, or informed consent documents, but for which the rate of occurrence in the study represents a clinically significant increase in the expected rate of occurrence.
- Any other AE or safety finding (e.g., based on animal or epidemiologic data) that would cause the sponsor to modify the investigator’s brochure, study protocol, or informed consent documents, or would prompt other action by the IRB to ensure the protection of human subjects.

Examples of other unanticipated problems (list is not all inclusive):

- Breach of confidentiality or unauthorized use or disclosure of protected health information
- Study personnel misconduct that adversely affects the study
- Incorrect labeling or dosing of investigational product/test article
- Failure to securely store the investigational product/test article

I. STUDY INFORMATION	
Protocol Number:	
Sponsor name and/or Funding Agency:	
This request is submitted for: <input type="checkbox"/> All investigators/sites in the trial <input type="checkbox"/> A single principal investigator/site. If single investigator/site, PI's name:	

II. EVENT INFORMATION	
1. Please check all the boxes that apply. If all boxes are not checked, then the event is not considered an unanticipated problem according to FDA guidance and is not required to be reported to Total IRB.	
a. Related or possibly related to participation in the research (possibly related means there is a <u>reasonable possibility</u> that the incident, experience, or outcome may have been caused by the procedures involved in the research)	<input type="checkbox"/>
b. Unexpected (an event that is not currently listed in the informed consent form or investigator brochure (or other drug information sheet used by study))	<input type="checkbox"/>
c. Has implications for the conduct of the study (e.g., requiring a significant, and usually safety-related, change in the protocol such as revising inclusion/exclusion criteria or including a new monitoring requirement, informed consent, or investigator's brochure).	<input type="checkbox"/>
2. Subject #:	Date(s) of Event:
3. Is subject still participating in trial? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>II. EVENT INFORMATION</b>
4. Date the Investigator/designee became aware of event:
5. Date Sponsor/CRO became aware of event:
6. Provide a summary of the unanticipated problem (include information on why event is considered serious, related/possibly related to the research, and any relevant history):
7. Why is the event considered unanticipated?
8. How does the event place subjects or others at a greater risk of harm?
9. Describe the procedures implemented to prevent recurrence of the problem:
10. Will there be follow up information submitted regarding this event? <input type="checkbox"/> Yes <input type="checkbox"/> No
11. What changes to the protocol or informed consent form are recommended in order to protect the rights, welfare and safety of the subjects?  *If no changes are proposed, provide a rationale:

<b>III. PERSON COMPLETING FORM</b>	
By submitting this form I certify that the information contained is complete and accurate and that no facts have been suppressed or misstated. The Principal Investigator (PI) is aware of all information in this form and I am authorized to submit to the IRB on the PI's behalf.	
<b>Form Completed By</b> _____	<b>Date</b> _____
<b>Title, Company</b> _____	
<b>Phone:</b> _____	<b>Email:</b> _____