IV Adverse Ev			
IV. Adverse Ev	Date/Time of Incident:		
a.	Date/Hime of incident.		
b.	Subject(s) ID or Initials:		
C.	In your opinion, stris a seious adverse event?  Yes No Comments:		
d.	In your opinion, sithis an unexpeted adverse event?  Yes No Comments:		
e.	In your opinion, was this incident related to participation in this study?  Yes No Comments:		
f.	Was medical treatment provided for this event?  ☐Yes ☐ No Comments:		
g.	Does the subject require further medical treatment?  ☐Yes ☐ No Comments:		
h.	Will the subject remainin the study?  ☐Yes ☐ No Comments:		
i.	Are consent form changes requied to better inform subjects of newly identified risks?  Yes No Comments:		
j.	Include a deailed description of the event:		
V. Study Comp			
a.	Indicate why you conside the study to becomplete:		
	All research/clinical investigation activities including data analysis and reprting are complete.		
	The Lead hvestigator neve initiated thestudy.  Subject accrual is finished, all data collection is complete and the only remaining divity is analysis of the data, the data are de-identified, ned there are no identifying links or code to the de-identified data.		
	The Lead hvestigator plans to leave the University and intends to continue the researablivities at another institution.		
	The study has been open for a period of threer more yeas and the Lead Investigator has enrolled no subjects in the study.		
b.	List any publications generated from the research pixed:		
C.	Date of completion:		

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## Complete research protocols shouldbe submitted electronically to:

The Office of Sponsore Projects Attention: Compliance Specialist <a href="mailto:irb@wiu.edu">irb@wiu.edu</a>

Assuranceand Submission

Your submission certifies that as a part of the research personnelyou understand and accept the following obligations to protect the rights and welfare of research subjects in this research:
COMPLIANCE WITH FEDERAL AND UNIVERSITY REGULATIONS AND STANDARDS
I recognize that as a member of therese arch team, it is my respo

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## I will maintain all required research records and ecognize that the IRB and federal government is authorized to inspect these records. I understand that, per OHRP/FDA guidelines, the IRB will be monitoring adherence to approved research protocols. The oversight process does not end with approval of a research protocol. PRobe (a) TO 1 To 2 Tat. PRobe (a) TO 1 To 2 Tat.

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