



Wichita State University Institutional Review Board (IRB)

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IRB Number:

Date of Report:

Study

Describe in detail the event or problem being reported. Include all details such as the date(s) of event, number of events, number of participants involved, known or potential impact on participants, and any other relevant information. Attach additional documents as necessary. Do not include (and remove as necessary) participants' personally identifiable information.

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As a result of the event (check all that apply):