



Wichita State University Institutional Review Board (IRB)

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IRB Number:
Study

Date of Report:

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.

\$FWLRQV WR EH WDNHQ

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