UNANTICIPATED PROBLEM FORM				
ID NUMBER: FORM CODE: U P R DATE: 04/01/2016 Version 1.0				
Administrative Information				
0a. Completion Date: ////////////////////////////////////				
Instructions: This form should be completed within 48 hours of an Unanticipated Problem (UP). UPs include any experience or outcome that is unexpected, and related or possibly related to participation in ARIC, and suggestive that the research places subjects or others at a greater physical, psychological, economic, or social risk or harm than was previously known.				
A. EVENT INFORMATION - Completed at the ARIC Field Center				
1. Contract No.: HHSN				
2. Principal Investigator:				
3. Field Center:				
4. Date UP occurred:				
 Reported to: Principal Investigator No Yes □1 date reported: 				
Field Center IRB No Yes 1 date reported: ////////////////////////////////////				
 6. Source of the event: Interview with study participant Blood draw Other physical examination or tests Other Specify: 				

8.	Indicate whether the event is:	Ongoing 🗋 o	Resolved
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9. Describe what action was taken (limit to 250 words or less)