

INTERNAL DEATH REPORT

POLICY: All internal deaths (regardless of attribution) MUST be reported to the IRB within 10 working days of the study team's knowledge of the event. An internal event represents an event that happened to a subject who was enrolled at a Piedmont Healthcare site and for which Piedmont Healthcare IRB is the IRB of record.

Deaths must be reported INDEPENDENT events (not in conjunctional relevant/supporting documents along with the consent ver	, e
IRBNet ID Participant ID	Enrollment date
Report date Event date	Date event known
1. Relationship of death to study participation: related	
☐ possibly related	ted
☐ unrelated	(choose one)
□ * unknown	
*NOTE: by selecting 'unknown' you attest that no other clarifying	
2. The death was: ☐ expected ☐ unexpected ☐ reported	d to sponsor and/or FDA
3. Do you recommend informed consent changes due to this deat	th?
If yes, submit a revised informed consent document to the IRB s found in the Library Manager section in IRBNet or via the resear research/research-eforms-and-systems.	1 , 5
4. If the death was unexpected AND related OR possibly related that the research places others at a greater risk of harm than was properties.	1 1
If yes, in the space below, please provide details and provide safe	ety measures to be put into place to protect subjects:

5. Instructions for providing event details in the space below:
 a. Use lay language to fully describe the circumstances of the death. b. Submit de-identified documentation pertaining to the death. Include a death certificate and/or obituary when possible.
c. Do not hold report past the 10 working days of knowledge of event. If this report is awaiting medical records or
other documentation for completion beyond the mentioned time period, please add that your narrative below and indicate that follow up documentation on the event will be forthcoming.
Enter study title below:
PI or designee signature Date