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| Unanticipated Problem Reporting  (Protocol Deviation, Adverse Event or Incidental Findings) |

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| Reporting: |
| Should this be reported to the REB:  YES  NO |

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| Contact Information: | |
| Principal Investigator: | Email: |
| Department: | Campus Extension: |

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| Please also indicate the following: |
| Study Name (as indicated on the CFMM MRI Schedule): |
| Date of Study: |
| Participant ID Number: |
| Indicate nature of Unanticipated Problem:  Protocol Deviation  Adverse Event  Incidental Finding |
| 1. In brief, please provide the general details related to the Unanticipated Problem: |
| 1. Provide details of the actions taken immediately following identification of the Unanticipated Problem.      1. Was medical or any other intervention necessary?  YES  NO   If yes, provide the name of and contact information for, any medical or other personnel involved. |

I confirm that the details of this report are an accurate account of the Unanticipated Problem that occurred on the date noted.

By: By:

[signature] [signature]

Name:       Name:

Title: MRI Operator Title: Principal Investigator