Project # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Progress/Continuation Report /Continuing Review** | |
| **Date:** | **IRB Project Number:** |
| **Project Title:** | |
| **Project Expiration Date:** | |
| **Principal Investigator (PI):** | |
| **College/Department:** | |
| **Funding Agency:** | |
| **PI Contact (phone, e-mail, address):** | |
| **Instructions:** To comply with UF policy and federal regulations, human subject research must be reviewed by the IRB on at least a yearly basis. The IRB may require review at a period shorter than one year, or for a fixed number of subjects. It is the investigator’s responsibility to ensure that the progress report is completed in a timely fashion to allow IRB to process the re-approval before the expiration date, which is printed above.     * Additional pages can be appended as necessary. * Return completed form to:   + IRB Office or irb@findlay.edu * Your signature certifies that the above titled research has been and will be conducted in full compliance with the University of Findlay IRB policies governing human subject research. IRB continuing review is required to maintain approval. | |

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Principal Investigator Signature Date

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| **Section I. Study in Progress** |
| Check the status of the study and note any additional information requested. |
| 1. **Recruitment/Enrollment continues**   Please provide a brief summary of your progress to date in conducting the research and what  activities remain. Please include a copy of informed consent document(s)(including parental/guardian  consent and child assent forms, if applicable) and recruitment materials. |
| 1. **Recruitment complete, but research intervention continues**   Please provide a brief summary of your progress to date in conducting the research and what  activities remain. |
| 1. **Data Analysis Only-**No further involvement with subjects   Check here if there are identifiers linking data to the study subject  **Subject engagement in this study only involves data analysis, which is proceeding in accordance with the IRB-approved research protocol, and there are no problems to report.**  **If check here, no further information is needed. skip section 2-4 and proceed to signature** |
| **Section II. Risk/Benefit Assessment** |
| 1. Risk assessment. Has anything occurred since the last IRB review which may have altered the risk?   **NO**  **YES** If yes, please explain. |
| 1. Benefit assessment. Has anything occurred since the last IRB review which may have altered the benefit?   **NO**  **YES** If yes, please explain. |
| **Section III. Modifications to Study** |
| 1. Have there been any changes to the research procedure (methods of collecting data, sources of data, experimental design, interventions, stimuli, confidentiality, inclusion/exclusion criteria, consent process, etc.) implemented since the last IRB Review?   **NO**  **YES** If yes, please explain. Additionally, complete the IRB  Amendment/Modification Report. |
| 1. Have there been any changes to the study materials (informed consent documents, data collection instruments, recruitment materials, etc.) implemented since the last IRB Review?   **NO**  **YES** If yes, please explain. Additionally, complete the IRB  Amendment/Modification Report. |
| 1. Have there been any changes to the data access, storage, and/or deletion plan since the last IRB review?   **NO**  **YES** If yes, please explain. |
| **Section IV. Enrollment and Adverse Events** (Complete if subjects have been enrolled) |
| **A. Enrollment and Demographic Information**. Please specify below the numbers and demographics of subjects in your study. |
| 1. Subject Enrollment:   Number of subjects requested in proposal: \_\_\_\_\_\_\_\_\_  Date first subject was enrolled: \_\_\_\_\_\_\_\_\_  Number enrolled since last progress report: \_\_\_\_\_\_\_\_\_  Total number of subjects enrolled to date: \_\_\_\_\_\_\_\_\_ |
| 1. Check if any of the participants are:   Minors (Under 18)  Pregnant Women/fetuses  Cognitively Impaired  Prisoners |
| **B. Adverse Events, Complications, Subject Withdrawal (since your last IRB review)** |
| 1. Adverse event(s). Did any subject suffer an unanticipated or serious adverse event or death?   **NO**  **YES.** If the answer is yes, specify the number of reported events and describe briefly their nature and relationship to the study. If a report on adverse events has not been made previously to the IRB, please include the adverse event report(s) with the progress report form. |
| 1. Investigator-initiated withdrawal. Did you withdraw any subject(s) from your study because of a problem or complication?   **NO**  **YES** If yes, please explain. |
| 1. Subject self-withdrawal. Did any subjects withdraw themselves from your study?   **NO**  **YES** If yes, please explain. |
| 1. Obtaining and documenting informed consent. Did any problems occur in the process of obtaining and documenting informed consent (i.e. problems with subject understanding, high subject refusal rates)?   **NO**  **YES** If yes, please explain. |
| 1. Other problems or complications. Were there any other problems or complications in the study that affect subjects or others?   **NO**  **YES** If yes, please explain. |

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| Necessary Documents Attached? Yes No |
| Review completed on (MM/DD/YYYY): |
| Decision made on (MM/DD/YYYY):  Approved Disapproved (provide a brief reason statement) |
| Notification sent to PI on (MM/DD/YYYY): |

Cc: Program Director