

## Project Status Report

Approval date \_\_\_\_\_

IRB project # \_\_\_\_\_

Principal Investigator \_\_\_\_\_

Student Research Director \_\_\_\_\_

IRB approval for the following research will expire on \_\_\_\_\_ unless you  
one year from approval date

apply for renewal:

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Project Title

In order to maintain IRB approval, you must complete items 1 through 6 below, and return this form to the IRB Chair prior to your research approval anniversary date.

**Research not reapproved by the anniversary date will be designated as Inactive and approval will be withdrawn.** If you have completed your research, please indicate this so that we can designate your project as Inactive.

1. Research status (check one):

\_\_\_\_\_ The research has been completed.

\_\_\_\_\_ The research is still in operation and no significant changes have been made.

\_\_\_\_\_ Changes are requested for the approved research and a description of the changes are attached.

2. Withdrawals and Complaints

\_\_\_\_\_ Please indicate the number of participants who, for any reason, withdrew from the research after signing an Informed Consent form.

\_\_\_\_\_ Please indicate the number of subjects who registered complaints about the research with the Principal Investigator, student researchers, or any College official.

Please address items 3, 4, and 5 on a continuation page.

3. Summary of findings: Please provide a brief (1 paragraph) summary of findings obtained thus far.

4. Adverse Events: Please provide a description of any adverse events or unanticipated problems involving risks to subjects or others. If there are none, please explicitly state "none."

5. Risks and Benefits: Please provide a description of any unforeseen risks and unanticipated benefits associated with the research that emerged during the approval period. If there are none, please explicitly state "none."