**Annual Project Status Report**

Initial approval date

IRB project #

Principal Investigator

Project Title

In order to maintain IRB approval, you must complete items 1 through 5 below, and return this form to the IRB Chairprior 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 **Research not reapproved by the anniversary date will be designated as Inactive and approval will be withdrawn**.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):

All research processes, including data analyses, have been completed.

Data collection will continue beyond the initial project expiration and no significant changes have been made.

Data collection is complete, but data analysis will continue beyond the expiration date.

2. Withdrawals and Complaints

Indicate the number of participants who, for any reason, withdrew from the research after signing an Informed Consent form or granting implied consent by completing at least one component of the research protocol (e.g., answering at least one question beyond the consent form).

Indicate the number of participants who registered complaints about the research with the Principal Investigator, student researchers, or any College official.

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 participants or others and the date that they events were initially reported to the IRB, if applicable. 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. In the case of unforeseen risks, provide the date that they were initially reported to the IRB, if applicable. If there are none, please explicitly state “none.”

Principal Investigator’s Signature

Principal Investigator’s Printed Name

Submit to the Chair of the Institutional Review Board:

Dr. Amy Posey

aposey@benedictine.edu