



IRB PERIODIC REVIEW FORM

Instructions: Federal regulation requires that research protocols be reviewed by the IRB on a regular basis for continued approval. This form must be submitted one month prior to the IRB approval expiration date. No research may be conducted passed the expiration date unless the study has been reviewed and renewed by the IRB.

Ongoing research activities must be reviewed 30 days before the end of the approval period. It is the responsibility of the researcher to initiate the continuing review process. Use additional pages as necessary. Please fill out all appropriate fields on this form. Double click on yes/no responses to make a selection. **Valid CITI certificates for all researchers involved are required.**

Section I General Study Information

Title of Study:

IRB Protocol #:

Approval Date:

Name of Primary Investigator (PI):

Email:

Phone:

Name of Co-Investigator (if applicable):

Email:

Phone:

Section II Research Status

How many participants have enrolled in the study to date?

How many participants did you propose to enroll during initial application?

How many participants do you intend to enroll in the future?

How many participants have withdrawn from the study to date?

Please describe the reasons for withdrawal from the study, if known:



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Have any unanticipated problems or adverse events occurred during the duration of the approval period?

Yes No

If yes, please summarize the events:

If yes, did you promptly report these events to the IRB via the Incident Report Form?

Yes No

If no, you must submit an Incident Report Form to the IRB along with the Periodic Review Form.

Section III Research Progress

Briefly summarize the progress of the research to date:

Has any new information been obtained that may alter the risks/benefits to participation in the research?

Yes No

If yes, please explain:



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Are you submitting any changes to your protocol, consent form, stimulus materials, etc. along with the Periodic Review Form?

Yes No

If yes, briefly explain the changes and rationale (note: you must submit a copy of the revised documents with this form):

Please select any applicable documents you have submitted with this form:

Protocol form

Survey(s), questionnaire(s), interview guide(s)

Consent form(s)

Recruitment materials (flyers, emails, etc.) Other (specify)

Valid CITI Certificates

Section IV CERTIFICATION

I certify that the information provided entirely and accurately describes the proposed research project. I agree not to make any changes to the protocol without first seeking IRB, except in the case of immediate harm to participants. I agree to conduct research in accordance with applicable federal guidelines. I agree to immediately report any unanticipated problems or adverse events to the IRB as soon as they are discovered.

PI name:

PI signature:

Date:

Supervisor name (if applicable):

Supervisor signature (if applicable):

Date:

Completed IRB Periodic Review Forms should be submitted with required and supporting documents to enamt@uapb.edu in one communication.