**The University of Mississippi**

**Institutional Review Board**

**PROGRESS REPORT FOR INVESTIGATIONS INVOLVING HUMAN SUBJECTS**

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| **PROTOCOL NUMBER:** **TITLE:** **PRINCIPAL INVESTIGATOR(S):**  |
| **ORIGINAL APPROVAL DATE:**  | **CURRENT EXPIRATION DATE:** |
| **Important Instructions: Return this form via email only. You MUST receive an IRB approval letter BEFORE continuing work on your project beyond the above expiration date. If you are requesting renewal, please also send a word document of the most recent version of your consent form.** |
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| **1. What is the status of this study?**  |
| [ ]  Still actively collecting data. **Renew my approval.** |
| [ ]  Not actively collecting data but planning to resume collecting data within the next six months. \***Halt** **protocol and delay continuing review** |
| \* continuing review may only be delayed for a maximum of six months. After six months a new protocol MUST be submitted to resume data collection.  |
| [ ]  Study is complete as of  (date). Data is still identifiable. **Renew my approval.**  |
| [ ]  Study is complete as of  (date). All identifiers were removed from data. |  | **Your file** **will be closed.** |
| [ ]  Study is complete as of  (date). No data analysis was conducted OR project never began. Explain:   |
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| **2. Funding source:** **Have there been any changes in the funding status of this project?** [ ]  Yes [ ]  No IF Yes, please explain:  |
| **3. Summarize any new literature relevant to the risks for your research subjects:** **[ ]  None.** |
| **4. Have there been any complaints, adverse events or unexpected outcomes? [ ]  YES [ ]  NO** **If yes, explain:** |
| **5. Total number of subjects requested ( initial approval and any amendments)**       **Total number of subjects accrued since original approval:** **Total number of subjects accrued in the last year:** **If low recruitment, list reasons for and plans to increase recruitment:** **Total number of subjects withdrawn from the research since the last IRB review:** **List all reasons for withdrawal:**  |
| **6.** **Do you verify that informed consent was obtained from all subjects?** [ ]  YES [ ]  NO [ ]  NA **Are all signed consent forms on file and available for IRB inspection?**  [ ]  YES [ ]  NO [ ]  NA |
| **7. Personnel: Please LIST ALL ACTIVE study personnel:** [ ]  NA |
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| **All personnel must be up-to-date on CITI training BEFORE your protocol will be renewed****Reminder: If you are adding personnel to this protocol, you must submit the Request to Amend an IRB Protocol form.** |