



Institutional Review Board Research Progress Report Application

Form must be typed

RPR Due Date (m/d/yyyy):	
Subjects: <input type="checkbox"/> At Risk <input type="checkbox"/> Not At Risk	
Chair Review:	
IRB File No:	
This is a Research Progress Report (RPR) for:	
<input type="checkbox"/> Continuing Review	
<input type="checkbox"/> Final Review * (complete questions w/asterisk only)	

*1. Principal Investigator	<input type="checkbox"/> Faculty <input type="checkbox"/> Student
Department	Phone/Extension
College <input type="checkbox"/> Arts & Science <input type="checkbox"/> Business & Mgt <input type="checkbox"/> Education	

Co-Investigator(s)

*2. Project Title	Date of Last IRB Project Review and Approval (m/d/yyyy)
Sponsor/Funding Agency <input type="checkbox"/> check if non-applicable	
Protocol/Clinical Study Identification Number <input type="checkbox"/> check if non-applicable	

*3. Is this a project involving external support? Yes No

If yes and the sponsor requires that a "Certification of IRB Approval" form be completed by the IRB, a copy of the sponsor's Certification form must be attached to this application.

*4. Institutions involved in research: 1. _____
 2. _____
 3. _____

*5. Institutions involved in research: 1. _____ 5. _____
 2. _____ 6. _____
 3. _____ 7. _____
 4. _____ 8. _____

Number of subjects initiated into this project since the last IRB review: Check if N/A

Number of subjects initiated into this project to date:

*6. Describe the experience of these subjects (i.e., benefits, adverse effects, withdrawals from research).

- *7. What are the results of the research? Detail as applicable: a) for Continuing Review include results to date, or b) for Final Report include results for completed study.
- *8. Give your current assessment of the risks and benefits based on the results.
9. Detail any new information that has come to light since the last IRB review of this project which may relate to the subject's willingness to continue participation.
10. Have you revised the consent forms to include any significant new findings which may relate to the subjects willingness to continue participation? Yes No N/A
If yes, you must attach a copy of the revised form. Changes must be highlighted

PRINCIPAL INVESTIGATORS MUST SIGN ONE OF THE FOLLOWING STATEMENTS OF ASSURANCE:

A. Continuing Review Report

I understand that additions to or changes in procedures involving human subjects as well as any problems connected with the use of human subjects once the project has been approved for the continuation must be brought to the attention of the IRB (see IRB Form 3).

I agree to provide whatever surveillance is necessary to ensure that the rights and welfare of the human subjects are properly protected. I understand that I cannot initiate any contact with human subjects before I have received approval and/or complied with all contingencies made in connection with that approval.

Signature of Principal Investigator

Date

***B. Final Report**

I am terminating this study for the following reason(s):

I confirm the accuracy of the information stated in this report:

Signature of Principal Investigator

Date

STUDENT RESEARCH

Approval by a Faculty Sponsor is required for all student research projects involving human subjects.

I affirm the accuracy of this application, and I accept the responsibility for the conduct of this research and the supervision of human subjects as required by law and as documented in the IRB Handbook.

Signature of Faculty Sponsor

Date

College

When completed, submit this original and one copy of the application to the IRB. Cover letter not required. Incomplete applications will be returned to the investigator.