RESEARCH PROJECT REVIEW AND PROGRESS REPORT
Migrant Clinicians Network

DATE: _____

PROTOCOL NUMBER: _____

DATE OF ORIGINAL PROTOCOL APPROVAL: _____

PRINCIPAL INVESTIGATOR: _____

ADDRESS: _____

PHONE: _____ EMAIL ADDRESS: _____

PROJECT TITLE:

_____

THIS BOX FOR IRB USE ONLY

☐ FULL BOARD ANNUAL REVIEW REQUIRED, EVEN THOUGH ORIGINAL APPROVAL WAS ON EXPEDITED PROCESSING

☐ CONTINUED APPROVAL, "EXPEDITED" OR "EXEMPT" PROCESSING

☐ CONTINUED APPROVAL, BASED ON FULL BOARD ANNUAL REVIEW

☐ APPROVAL DISCONTINUED; PROJECT COMPLETED

☐ SUSPEND APPROVAL, PENDING INVESTIGATION

☐ TERMINATE APPROVAL

☐ ANNUAL REVIEW SUSPENDED UNTIL PRINCIPAL INVESTIGATOR NOTIFIES THE IRB OF ACTIVATION OF RESEARCH PROJECT

COMMENTS OF REVIEWER: _____

_____

_____

_____ _____
Signature of Chair/Vice Chair/Member, IRB Date

Since the original submission or last review:

1. How many subjects have been consented to the study? _____
   How many subjects have been consented to the study in total? _____

2. Have there been any adverse events or any unanticipated problems involving risks to subjects?
   ☐ Yes ☐ No
   If yes, please attach adverse events form. If the adverse event form has already been submitted please provide the date of that submission _____

3. Have there been any minor protocol changes since the last review? ☐ Yes ☐ No
   If yes, please attach a log.

4. Have any subjects withdrawn from the research? ☐ Yes ☐ No
   If yes, how many subjects have withdrawn? _____

   Please describe the circumstances. _____

   _____

   _____

5. Have any subjects been lost for purposes of follow up? ☐ Yes ☐ No ☐ Not Applicable
   If yes, how many subjects have been lost? _____

   Please describe the circumstances. _____

   _____

   _____

6. Have there been any complaints about the research? ☐ Yes ☐ No
   If yes, please report the complaints and your response or solution.

   _____

   _____

   _____

7. Summarize any recent literature, findings, or other information relevant to your research, especially information about risks associated with the research.

   _____

   _____

   _____

8. Please attach a copy of the current informed consent document to this report.

9. What is the action you are requesting today?
   a. Renewal? ☐ Yes ☐ No

If yes, check one of the following reasons:

☐ Subjects continue to be enrolled
☐ Some subjects are still in the study
☐ Data analysis or manuscripts are continuing
☐ No subjects have been enrolled yet?

b. Required Review? ☐ Yes ☐ No

_____ _____

Signature of Principal Investigator Date