**TULSA COMMUNITY COLLEGE**

 **INSTITUTIONAL REVIEW BOARD**

[ ]  **ANNUAL** **PROGRESS *OR*** [ ]   **FINAL REPORT**

 **FOR APPROVED USE OF HUMAN SUBJECTS IN RESEARCH**

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| --- |
| **Project Title**:Click or tap here to enter text.**IRB No.:** Click or tap here to enter text.**Principal Investigator(s):** Click or tap here to enter text.**Status of the Study (PART A)- Check only *one* of the following:**[ ]  **Completed – please inactivate**. Enrollment and follow-up are complete and no further contact with participants/identifiable records/oridentifiable specimens is anticipated.  [ ]  **Active** andcontinuing to enroll subjects with *NO* changes to methodology, recruitment, etc. Request up to one (1) year extension.  [ ] **Active** *with conditions* **(check all that apply in PART B).** Request up to one (1) year extension.  **Status of the Study (PART B)- If active, but *with conditions*, check *all* that apply:** [ ]  Permanently closed to enrollment of new subjects.  [ ]  All subjects have completed all research-related interventions. [ ]  Research is to remain active only for long-term follow-up of subjects. [ ]  Research activities are limited only to data analysis that may require contact with records or specimens linked to privately identifiable  information. [ ]  No subjects have been enrolled yet and no additional risks have been identified.  [ ]  No subjects have been enrolled yet, but new risks have been identified that pose greater than minimal risks to subjects. \***Provide a description of the new risks.**  |
|   [ ]  **Check this box if this is a 3rd year continuation.**  **\*\*In addition to submitting this Progress Report, please submit a new complete IRB application.** **(*unless this protocol is permanently closed to new subject enrollment* )**  APPROVED STUDY SITE(S): Click or tap here to enter text.

|  |  |  |  |
| --- | --- | --- | --- |
| **Number of subjects approved by IRB** | **Number of subjects enrolled this year** | **Number of subjects enrolled to date** | **Number of subject withdrawals to date** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

 **Respond to the following questions in detail sufficient for appropriate review. If this study is being terminated or closed, please provide a final summary.**1. Synopsis of activities to date. (Include the progress of the study as compared to the hypothesis.)

 Click or tap here to enter text.1. Were any grievances or complaints received about this study? [ ] Yes or [ ] No If yes, please explain:

 Click or tap here to enter text.1. Have unexpected events or complications occurred that may indicate a need for a change in the protocol or consent? [ ] Yes or [ ]  No If yes, please explain; include number of events and if they were reported to the IRB:

 Click or tap here to enter text.1. Has information (publications, presentations, etc.) become available since starting this study that indicates a need to modify this study? [ ] Yes or [ ] No If yes, please explain:

 Click or tap here to enter text.1. Summarize any anticipated revisions not yet reviewed by IRB. (Approval of this Progress Report does not indicate an approval of such revisions. Any/all revisions must be submitted to the IRB separately for approval.)

 Click or tap here to enter text.1. If there were subject withdrawals, explain why the subject chose to withdraw or why you withdrew the subject from the study.

 Click or tap here to enter text.1. **Please list *ALL INVESTIGATORS CURRENTLY WORKING* on this protocol:**

Click or tap here to enter text. Have there been any changes in investigators? [ ] Yes or [ ] No If yes, you must also submit the Research Modification Form. |
| **Principal Investigator Signature:** Type your name here. Date: Enter Date.**\*If student is Co-Investigator,** you must submit a new copy of the Research Sponsor Form signed by your faculty sponsor. |

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 (IRB Authorized Approval Signature)