

Annual Protocol Check In

Notice: The purpose of this annual check-in is to confirm the status of minimal risk projects without Federal funding. The IRB must maintain accurate records of all active research projects. In order for the IRB to facilitate this process, the IRB requests a response to the annual check-in for this project if the project will remain active beyond the expiration date notice sent via IRBNet. **If the project activities *will not* continue beyond the expiration date, no further action is required.** The IRB will administratively close this project after the date indicated on the notice, meaning no other research activities beyond data analysis are permitted after this date. If the annual check-in is completed, the IRB will issue an acknowledgement letter via IRBNet to confirm receipt of this annual check-in and acknowledge ongoing research activities.

1. Basic Information

Principal Investigator:	Click or tap here to enter text.
CITI Member ID Number:	Click or tap here to enter text.
Email:	Click or tap here to enter text.
Department:	Click or tap here to enter text.
Estimated Project Completion Date:	Click or tap to enter a date.
Approved Protocol Number:	Click or tap here to enter text.
Approved Project Title:	Click or tap here to enter text.

2. Project Status

Have all subjects completed the research activities? (Check one):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have there been any subject complaints, withdraws, terminations or adverse events since the last check-in? (Check one):	<input type="checkbox"/> Yes* <input type="checkbox"/> No
*If yes, describe the complaints, withdraws, terminations and/or adverse events:	
Click or tap here to enter text.	
Are you requesting any new protocol amendments at this time?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
*If yes, please describe the requested protocol amendments:	
Click or tap here to enter text.	
<i>*If requesting revisions to the project, please submit along with this form, the revised IRB Application and other documents affected by the requested change(s).</i>	
If yes, will the amendments affect the risk/benefit ratio of the project?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*If yes, please describe how the changes will affect the risk/benefit ratio.	

Click or tap here to enter text.