

Name: _____

Abbreviated Title of Study: _____



**ANNUAL REVIEW OF RESEARCH
Institutional Review Board**

Please complete this form and submit it to irbchair@judsonu.edu with your initial application, initial consent forms, and IRB approval letter.

Protocol Number: _____

Approval Date: _____

Principal Investigator

Principal Investigator

1. Principal Investigator:
 - a. Full name: _____
 - b. University department, program, and position: _____
 - c. Email address: _____
 - d. Phone number: _____
2. Co-Principal Investigator (if applicable):
 - a. Full name: _____
 - b. University department, program, and position: _____
 - c. Email address: _____
 - d. Phone number: _____
3. Person completing this application (if not PI):
 - a. Full name: _____
 - b. Email address: _____
 - c. Phone number: _____
4. If the PI is a student, the supervising professor or academic advisor:
 - a. Full name: _____
 - b. Email address: _____
 - c. Phone number: _____
5. Select the procedure under which your study has previously been approved:

☐ Exempt

☐ Expedited

☐ Full Review

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6. Please select one of the following:

☐ My study is completed; I am submitting a closure request.
Select this option if you will only be reviewing secondary data.

☐ My study is continuing; I am submitting a continuing review request.
Select this option if you will still access primary data or if you will enroll new subjects.

7. Title of study:

1. Full description of the research, its objectives, methods, and what subjects will be asked to do.

8. In plain language please give an update of your research (approximately 150 words). Include whether you have completed your data collection, analysis, and publication of findings.

9. How many subjects have been enrolled in your study? How many were minors? How many were from protected populations?

10. Did you encounter any problems while conducting research regarding Human Subjects? This includes subjects that have withdrawn from the research, why they have withdrawn, and any complaints by subjects. Please explain.

11. If you have encountered problems, how were these resolved?

12. Have any modifications been made to your research since your initial approval?

13. Have you published or presented your data? If so, please list the publications or presentations.

14. Do you plan to enroll new subjects? ☐ Yes ☐ No

If you selected yes, please explain below. Include a new consent form without a dated footer.

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15. Are you requesting any modifications to the research? ☐ Yes ☐ No
If yes, please explain.

As principal investigator, I assure that the information provided is correct, that I will seek Judson University IRB approval for any substantive modifications in the research study, and that I will report to the IRB Chair promptly any incidents or anticipated problems that may occur during the course of the study that may affect subjects adversely or change the risks and benefits described.

Signature of Principal Investigator Date

If the PI is a student:

Signature of Supervising/Sponsoring Professor Date

For IRB Office Use Only:

- ☐ The application for closure has been approved.
- ☐ The application for continuing review has been approved.

Signature of IRB Chair Date

Comments: