

ATTACHMENT C - UW-L IRB PROGRESS REPORT FORM

Principal Investigator: _____
 Department: _____
 Campus Phone: _____

Protocol Title: _____

Date of Original IRB Approval Letter: _____

Policies regarding the protection of human subjects in research require a periodic review of all research protocols approved by the UW-L IRB, unless the original IRB review found the research to fall under the "Exempt" category. Research protocols receiving either a full review or an expedited review must be renewed on a yearly basis. This Progress Report Form must be received by _____. **If the report is not received by this day, data collection for this study must stop.** If you have any questions regarding this form, please call the IRB office at 785-8124.

	YES	NO
1. Is this protocol still an active study? (If not, please sign, date, and return)	<input type="checkbox"/>	<input type="checkbox"/>
2. Are new participants still being entered or recruited for this study?	<input type="checkbox"/>	<input type="checkbox"/>
3. Prior to approval of your protocol, you submitted answers to several questions pertaining to your research. Would the answers today be identical to the answers originally given? (If not, explain on back of page).	<input type="checkbox"/>	<input type="checkbox"/>
4. Have any unanticipated problems or untoward side effects occurred in your study? (If so, explain on back of page).	<input type="checkbox"/>	<input type="checkbox"/>
5. Should there be any changes in the consent form or consent process? (If so, explain on back of page).	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you made any changes to the consent form not previously approved? (If so, attach a copy of your consent form with changes highlighted).	<input type="checkbox"/>	<input type="checkbox"/>

 Principal Investigator (signature)

 Date

***If study has been completed, date of completion** _____

***Name of Student** _____