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Instructions

 Studies confirmed as meeting the criteria for exemption or approved by some protocols are not subject to continuing review. However, BYU remains responsible for exercising proper oversight for research conducted under its auspices. To exercise this oversight, the IRB office will annually send a status check to all PIs.

 send a status check to all PIs. BYU IRB retains the authority to require, with justification, continuing review of studies approved through expedited review. Please type your responses in the boxes provided. Use as much space as necessary (the boxes will expand). Please answer each question – if a question is not applicable, please put N/A in the box. Studies that are in the data analysis phase with a possibility to enroll additional human subjects must also complete this form. 	
Study Information	
Study Title:	
IRB Number:	
Initial Approval:	
Initial Approval.	
Principal Investigator:	
Key Study Personnel (if applicable):	
Department(s):	
Lay Summary:	
Status	
Active : active enrollment and study intervention; closing a study to accrual, but continuing active study intervention in enrolled subjects; or only following subjects who have completed the active study intervention. The analysis of private, identifiable information or plans to add and remove research personnel are reasons to keep the study active.	
Inactive : study is closed to enrollment and there are no plans to collect additional information. Research activities are limited to the analysis of de-identified data only.	
Please indicate the study status:	
○ Active	
○ Inactive	
Please indicate remaining duration of the study:	
Section 2.0	

Progress Report

Do any of the research activities occur at locations outside BYU?

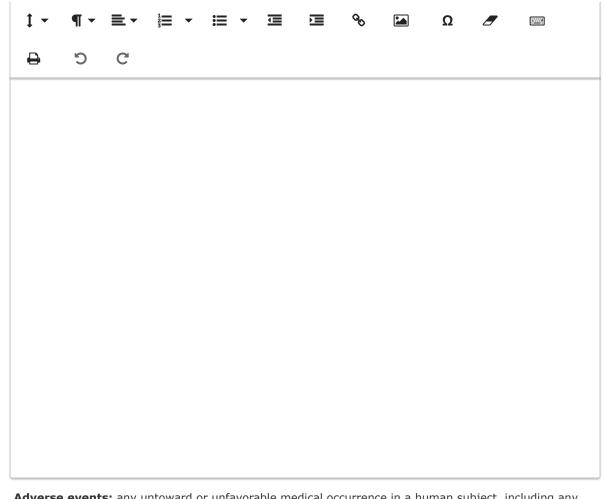
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Is this study closed to enrollment of new subj	ects?	
○ Yes ○ No		
Please submit a detailed progress report. The complete, and include:	progress report must be substa	ntive and
Goals of the studyFindings to-datePlans for the next year/review period		
Please address each bullet point; incomplete	esponses will be sent back to yo	ou.
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Subject Numbers		<u> </u>
		
A. Total number of subjects approved by the IRB for the study (see 8.3 of the approved application):		
B. How many subjects did you enroll in the study this last year?		

C. Total number of subjects enrolled during the lifecycle of the study (if this is the first year of the study, the number for B and C are the same):	
D. Of the total subjects screened in the past approval period, how many have been ineligible to participate in the study (if applicable)? If not applicable, type N/A.	
E. Number of subjects still to be enrolled (this number should be equal to A - C): **If this brings the sample to greater than the total number approved listed in A, submit a modification.**	
Yes No Total number of subjects who withdrew from the study?	
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Adverse events: any untoward or unfavorable medical occurrence in a human subject, including any abnormal sign (for example, abnormal physical exam or laboratory findings), symptom, or disease, temporally associated with the subject's participation in the research, whether or not considered related to the subject's participation in the research (modified from the definition of adverse events in the 1996 International Conference on Harmonization E-6 Guidelines for Good Clinical Practice). Adverse events encompass both physical and psychological harms.

Unanticipated problems: unexpected (in terms of nature, severity, or frequency) given (a) the research procedures that are described in the protocol-related documents, such as the IRB-approved research protocol and informed consent document; and (b) the characteristics of the subject population being studied; related or possibly related to participation in the research (in this guidance document, possibly related means there is a reasonable possibility that the incident, experience, or outcome may have been caused by the procedures involved in the research); and suggests that the research places subjects or others at a greater risk of harm (including physical, psychological, economic, or social harm) than was previously known or recognized.

Have there been any adverse events or unanticipated problems in the past approval period?

O Yes O No

Please explain in detail:



Was the IRB notified of the event or problem?

○ Yes ○ No

Please explain why this was not done:



Publications, Presentations, and Recent Findings

Have there been any presentations or publications resulting from this study during the past

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○ Yes	○ No																	
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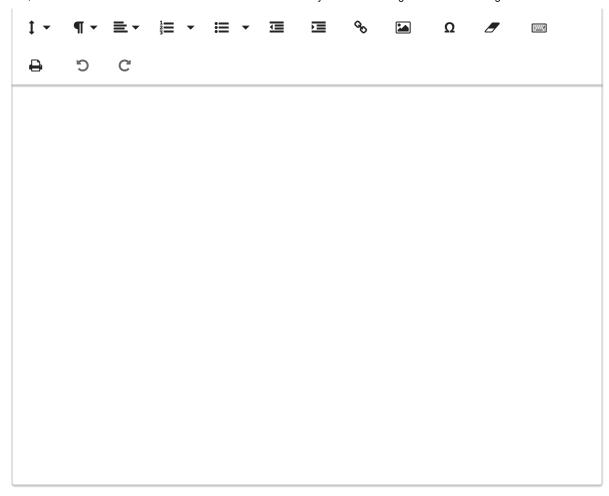
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Please describe the ways in which you have and will minimize harm to research subjects and/or the objectivity of research:



Does the PI or Co-I have a current conflict disclosure form on file?	
○ Yes ○ No	
Attachments	
Are you using the date-stamped consent form that was previously approved?	
○ Yes ○ No	
N/A - This study does not have a previously approved consent form	
Please explain why you are not using the previously approved consent form.	
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If you need to revise the consent form, you must complete and submit the modification form. This can be accessed by returning to the study management page and selecting the modification form. The modification form is separate from the continuing review, so it must be completed, submitted, and processed separately from this form.	
Are you using the date-stamped recruitment material(s) that was previously approved?	
○ Yes	

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Section 3.0

You indicated that your study is inactive, meaning that the study is closed to enrollment, there are no plans to collect additional information, and research activities are limited to the analysis of de-identified data only. Because your study is inactive, you do not need to complete this continuing review form to

No Document(s) have been attached to this form.

renew your study. Instead, please return to the study management page and select the closure form. Once you have signed and submitted the closure form to the committee, the form will be processed by the IRB office and the study will be closed.