**IRB # _____**

**STATUS REPORT FORM**
**Plymouth State University**
**Institutional Review Board**

**Date:_____**
**PI (name & title): _____ Email: _____**
**Department: _____**
**Building & Room: _____ Phone: _____**
**For Student Projects:**
**Supervising Professor: _____ Phone: _____**

**PROJECT TITLE:_____**
**Sponsoring Agency (if applicable): _____**
**Agency Address: _____**
**Initial IRB Approval Date_____**

**Check one: [ ] Renewals w/out changes**
**[ ] Renewals with changes (*#4 below must be completed*)**
**[ ] Changes within current approval period (*#4 below must be completed*)**
**Previous IRB # _____ Last IRB Renewal Date: _____**

**To meet its obligation for periodic review of approved research involving human participants, the Institutional Review Board asks you to answer the following questions:**

**l. Is this project:**
**[ ] Currently open to enrollment?**
**[ ] Currently closed to enrollment, but with participants still undergoing treatment or intervention?**
**[ ] Currently closed to enrollment, with treatment/intervention over, participant monitoring ongoing?**
**[ ] Currently closed to enrollment, with only data analysis using identifiable information?**
**[ ] Other (explain)_____**
**Give a brief description of the project:**

**2. How many participants or patients have been studied to date at this location? _____**
- **How many participants did you attempt to enroll? _____**
- **Have any of the participants at this location been injured by participating or been subjected to unanticipated problems which involve risks?**
  **[ ] No**
  **[ ] Yes describe (use additional pages if necessary)**

3. **Describe any state of the art changes or results from this or other studies that change the risks or the benefits to the research participants or the desirability of continuing this project?**

**[ ] no changes**

4. **Federal regulations require that the board be informed of even minor changes. Describe any changes (use additional pages if necessary) and attach a copy of the protocol and/or consent form with changes highlighted or underlined. List all changes to the protocol by two categories: a. Changes to Human Participants, and b. Changes in Technical Matters.**

**[ ] No changes**

5. **Please sign below and submit with clean copies of your current consent forms plus required forms listed on the instructions and any other attachments you deem relevant to the Institutional Review Board.**

**SIGNED:** _____ _____

**Principal Investigator** **Date**