

Project Report and Continuation Application

(Complete and return to IRB, 130 David Boyd Hall, Direct questions go to IRB Chairman Robert Mathews 578-8692.)



Institutional Review Board
Dr. Robert Mathews, Chair
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IRB#: Current Approval Expires On:
Review Type: Risk Factor:
PI: Dept: Phone:
Student/Co-Investigator:
Project Title:
Number of Subjects Authorized:

Please read the entire application. Missing information will delay approval!

IRB Security of Data Agreement: <https://sites01.lsu.edu/wp/ored/files/2013/07/Security-of-Data-Agreement.pdf>

I. PROJECT FUNDED BY: LSU Proposal #:

II. PROJECT STATUS: Check the appropriate blank(s) and complete the following:

- 1. **Active**, subject **enrollment continuing**; # subjects enrolled: _____
- 2. **Active**, subject **enrollment complete**; # subjects enrolled: _____
- 3. **Active**, subject **enrollment complete**; work with subjects continues.
- 4. **Active**, **work with subjects complete**; data analysis in progress.
- 5. Project **start postponed**
- 6. **Project complete**; end date: _____
- 7. **Project cancelled: no human subjects used.**

III. PROTOCOL: (Check one).

- Protocol continues as previously approved
- Changes are requested*
--List (on separate sheet) any changes to approved protocol.

IV. UNEXPECTED PROBLEMS: (did anything occur that increased risks to participants):

- State number of events since study inception: _____ since last report: _____
- If such events occurred, describe them and how they affect risks in your study, in an attached report
- Have there been any **previously unreported** events? Yes/No: _____

V. CONSENT FORM AND RISK/BENEFIT RATIO:

- Do new knowledge or adverse events change the risk/benefit ratio? Yes/No: _____
- Is a corresponding change in the consent form needed? Yes/No: _____

VI. ATTACH A BRIEF, FACTUAL SUMMARY of project progress/results to show continued participation of subjects is justified; or to provide a final report on project findings.

VII. ATTACH CURRENT CONSENT FORM (only if subject enrollment is continuing); and check the appropriate blank;

- 1. Form is unchanged since last approved
- 2. Approval of revision requested herewith: (identify changes)

Signature of Principle Investigator: _____ Date: _____

IRB Action: _____ Continuation approved; _____ Disapproved _____ File Closed	Approval Expires: ____/____/____
Signed _____	Date _____

