



RESEARCH PROJECT REVIEW AND PROGRESS REPORT  
Migrant Clinicians Network

DATE: \_\_\_\_\_

PROTOCOL NUMBER: \_\_\_\_\_

DATE OF ORIGINAL PROTOCOL APPROVAL: \_\_\_\_\_

PRINCIPAL INVESTIGATOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

PROJECT TITLE:

\_\_\_\_\_

THIS BOX FOR IRB USE ONLY

FULL BOARD ANNUAL REVIEW REQUIRED, EVEN THOUGH ORIGINAL APPROVAL WAS ON EXPEDITED PROCESSING

CONTINUED APPROVAL, "EXPEDITED" OR "EXEMPT" PROCESSING

CONTINUED APPROVAL, BASED ON FULL BOARD ANNUAL REVIEW

APPROVAL DISCONTINUED; PROJECT COMPLETED

SUSPEND APPROVAL, PENDING INVESTIGATION

TERMINATE APPROVAL

ANNUAL REVIEW SUSPENDED UNTIL PRINCIPAL INVESTIGATOR NOTIFIES THE IRB OF ACTIVATION OF RESEARCH PROJECT

COMMENTS OF REVIEWER: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Chair/Vice Chair/Member, IRB

\_\_\_\_\_  
Date

Since the original submission or last review:

1. How many subjects have been consented to the study? \_\_\_\_\_  
How many subjects have been consented to the study in total? \_\_\_\_\_
2. Have there been any adverse events or any unanticipated problems involving risks to subjects?  
 Yes  No  
If yes, please attach adverse events form. If the adverse event form has already been submitted please provide the date of that submission \_\_\_\_\_
3. Have there been any minor protocol changes since the last review?  Yes  No  
If yes, please attach a log.
4. Have any subjects withdrawn from the research?  Yes  No  
If yes, how many subjects have withdrawn? \_\_\_\_\_  
  
Please describe the circumstances. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Have any subjects been lost for purposes of follow up?  Yes  No  Not Applicable  
If yes, how many subjects have been lost? \_\_\_\_\_  
  
Please describe the circumstances. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Have there been any complaints about the research?  Yes  No  
If yes, please report the complaints and your response or solution.  
  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Summarize any recent literature, findings, or other information relevant to your research, especially information about risks associated with the research.  
  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Please attach a copy of the current informed consent document to this report.
9. What is the action you are requesting today?  
a. Renewal?  Yes  No

If yes, check one of the following reasons:

- Subjects continue to be enrolled
- Some subjects are still in the study
- Data analysis or manuscripts are continuing
- No subjects have been enrolled yet?

b. Required Review?  Yes  No

\_\_\_\_\_  
Signature of Principal Investigator

\_\_\_\_\_  
Date