

ANDREWS UNIVERSITY
Institutional Review Board

irb@andrews.edu

Phone: (269) 471-6361

MODIFICATION, RENEWAL OR FINAL REPORT FORM

This form is for (check one):

Modification of investigators or protocol, or to report adverse events

Renewal of approved protocol

Final Report of completed protocol

PROJECT TITLE: _____

AU IRB Protocol Number: _____

IRB Approval Expiration Date: _____

PRINCIPAL OR STUDENT INVESTIGATOR

Last Name: _____ First Name: _____

E-Mail Address: _____ Phone number: _____

Department: _____

CO-PRINCIPAL INVESTIGATOR OR ADVISOR

Last Name: _____ First Name: _____

E-Mail Address: _____ Phone number: _____

Department: _____

CURRENT STATUS OF RESEARCH PROJECT

Please answer questions 1-2 to determine if this project requires renewal by the IRB.

1. Data collection is complete. Yes No (Project must be reviewed for renewal.)

2. Analysis of data is complete. Yes No (Project must be reviewed for renewal.)

• If you have answered "**Yes**" to **BOTH** of the above questions, the project may be closed.

3. Have there been changes in Principal or Co-Principal Investigators? Yes No
(If **yes**, indicate the current Investigators on an attached sheet.)

4. Has the approved protocol been modified or added to with respect to:

a. Procedures Yes No

b. Subjects Yes No

c. Design Yes No

d. Data collection Yes No

(If **yes** to any item, provide the details on an attached sheet.)

5. Have there been any adverse events that need to be reported to the IRB? Yes No
(If **yes**, provide details on an attached sheet.)

Principal/Student Investigator Signature (name)

Date

Co-Principal Investigator or Advisor Signature (name)

Date

Approval by the AU IRB:

Date