

**UNIVERSITY OF MISSOURI-ROLLA CAMPUS INSTITUTIONAL
REVIEW BOARD
CONTINUING REVIEW REPORT (CRR) UMRIRB-4
PLEASE COMPLETE & RETURN TO: Campus Institutional Review Board;
108 Campus Support Facility; Rolla, MO 65409**

Campus IRB docket #

Date Mailed:

***Reports not received within 30 days of date mailed risk revocation of IRB approval.**

BASIC INFORMATION

Project Title:

Principal Investigator:

E-mail: Department:

Phone: Mailing Address:

Additional Investigators:

Date of Original Approval: Type of Consent:

****For projects requiring written consent, a copy of the current consent form(s) must be attached.***

Type of approval: Exempt Expedited Full Board

STATUS

Active (including data analysis)

Completed (including data analysis) – Date of Completion

FUNDING

Awarded Pending Not Awarded Other

STATUS REPORT ON PROGRESS

Total number of subjects enrolled:

Were there any adverse events or unanticipated problems involving risks to the subjects or others? Yes No

If yes, please attach a detailed statement.

Total number of subjects who withdrew from the research:

Were there any complaints regarding the research? Yes No

If so, please attach any copies of written complaints and/or descriptions of all complaints about the research.

Is there any new information since the last Campus IRB review that might impact the Board's understanding of the risks vs. benefits of the research?

Yes No

If so, please submit a summary of any recent literature, findings, or other relevant information, especially information about risks associated with the research.

Has the project been modified since the last IRB Review? Yes No

If yes, have all modifications since the last IRB Review been submitted to the IRB for approval? Yes No If not, explain:

List approval date of each modification and briefly summarize the change(s):

Note: Since investigators may be audited by the Campus IRB, they must have and retain a signed consent for every research subject, unless federal requirement for written consent is waived by the Campus IRB in accordance with 45 CFR 46.

Signature _____ Date _____
Principal Investigator

(For Office Use Only)

_____ **Expedited Approval** _____ **Full Board Approval**

IRB Meeting Date: _____

AUTHORIZED REPRESENTATIVE
UMRIRB-4

Date