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 Date
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