

# Saginaw Valley State University IRB Project Renewal/Close-Out Report Form

**PROJECT STATUS**

<input type="checkbox"/> RENEWAL	<input type="checkbox"/> CLOSE OUT
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**STUDY INFORMATION**

Study Title:	
IRB#:	
Name of Principal Investigator(s):	
Is the PI(s) an SVSU student?	<input type="checkbox"/> YES <input type="checkbox"/> NO (If Yes, list name of faculty advisor(s) below)
Name of Faculty Advisor:	
Are there Co-PIs?	<input type="checkbox"/> YES <input type="checkbox"/> NO (If Yes, list below in the appropriate box below)
Names of SVSU Employee Co-PIs:	
Names of SVSU Student Co-PIs:	
Names of External Co-PIs:	
Names of International Co-PIs:	
Person completing Status Report Form:	
Date completed:	
Date of Initial IRB Approval:	
Is a project revision being submitted with this form?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Date IRB Approval Expires:	
Where is the study taking place?	
Total # of Subjects Enrolled:	

**1. REGULATORY DOCUMENTS**

*Documents, which are required to be retained by the research team, differ depending on the type of study. Review your protocol to determine the documents to be retained and responsibilities according to the requirements that apply to your study.*

		YES	NO	N/A
1.1	The approved RPA and consent form(s) (If applicable) are on file in IRBNet. If a paper file is kept as well, are the approved versions (original and revisions) noted in the file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2	Is there a subject enrollment log?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	# of subjects included in the study? N =			<input type="checkbox"/>
	# of subjects excluded in the study? N =			<input type="checkbox"/>
1.3	Has the protocol been carried out by the PI or others as described in the RPA? If carried out by others, how often does the PI monitor the study? ( <i>indicate weekly, monthly, etc</i> ):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.4	Are all personnel who interact with subjects listed on the protocol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Have all personnel completed the required training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.5	Does the PI or Co-PIs have a Conflict of Interest (COI) on this protocol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If so, has the approved IRB COI management plan been adhered to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments:**

*Questions regarding this checklist should be addressed to SVSU IRB Compliance Officer at [ResearchCompliance@svsu.edu](mailto:ResearchCompliance@svsu.edu) or 989-964-7120.*

**2. IRB DOCUMENTATION**

		YES	NO	N/A
2.1	<b>IRB Initial Approval</b>			
	Is the data collected/information stored as stated in the RPA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If you collected signed consent forms, where are they stored?			
	Is the information potentially identifying the participants stored in a manner maintaining confidentiality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2	<b>Reporting Violations &amp; Other IRB Notifications</b> <i>If attaching a separate sheet, please check here:</i> <input type="checkbox"/>			
	List below (if any) the number of unanticipated problems/deviations reported to IRB in the past year.	Date Submitted	Date Acknowledged	Violation/Deviation
	a.			
	b.			
	c.			
	d.			

**Comments:**

**3. SUBJECT RECRUITMENT PROCEDURES**

		YES	NO	N/A
3.1	Have the subjects been recruited as stated in the RPA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2	Are recruitment materials (original and all revisions) on file in IRBNet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3	If recruitment materials or methods have changed, have they been approved through a revision submitted to the IRB?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments:**

**4. SUBJECT SELECTION CRITERIA**

		YES	NO	N/A
4.1	Does the approved RPA describe how subjects will be included/excluded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2	Has there been a deviation from the approved inclusion/exclusion protocol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3	If a subject was included inappropriately, was a protocol deviation or violation submitted to the IRB?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4	If a subject inclusion/exclusion criteria checklist for each subject was created and approved for this project, does the checklist include the dated signature/initials of the person obtaining the information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**5. SUBJECT ENROLLMENT**

		YES	NO	N/A
5.1	Were the number of subjects enrolled the same as the number of subjects you intended to enroll?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2	Were there any withdrawals of subjects from the research since the last IRB review?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.3	Have you received any complaints about your research since the last IRB review?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.4	If you wish to renew your project, will you be enrolling new subject?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.5	If you plan on enrolling new subjects, please list the number of subjects you hope to enroll in the coming year.	n=		

**Comments:**

**6. INFORMED CONSENT**

6.1	Is the document, email or script that you are using to gain consent approved by the IRB?	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
6.2	If the approved consent form(s) was stamped, are you using the stamped version?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.3	If you are requesting a renewal, do you need consent form(s) to be re-stamped?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.4	How many different consent forms (i.e. adult subjects, minors) are being used in this study?	n=		
6.5	How many times have the consent form(s) been revised after initial approval?	n=		
6.6	Provide the approval and expiration date for each revised version of the consent form.	<u>Approval date</u>	<u>Expiration date</u>	
	a.			
	b.			
	c.			
	d.			

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For projects that **require written consent**, please randomly select subject files to inspect and **complete sections 6.7 – 6.13**. (You may use a sample of subject files or all subject files.)

If your project has obtained a **waiver of written documentation of consent** or a **waiver of consent**, check this box  and **proceed to section 7**.

6.7	Subject file #	Did the Subject Sign?		Date subject signed	Which version is signed? <i>Use expiration date</i>	Name of PI/Co-PI that signed	Date PI/CoPI signed	
		YES	NO					
a.		<input type="checkbox"/>	<input type="checkbox"/>					
b.		<input type="checkbox"/>	<input type="checkbox"/>					
c.		<input type="checkbox"/>	<input type="checkbox"/>					
d.		<input type="checkbox"/>	<input type="checkbox"/>					
						<b>YES</b>	<b>NO</b>	<b>N/A</b>
6.8	Did each subject (or representative for minors, etc.) sign their own consent form?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.9	Is each consent form dated?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.10	Did each subject receive a copy of the signed consent form?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.11	Is subject's receipt of a copy of the signed consent form documented?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.12	Was any invalid consent form used?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.13	If yes, was a protocol deviation or violation submitted to IRB?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**Comments:**

## 7. RISKS AND BENEFITS

7.1	Were the actual risks and benefits as anticipated? (If No, please explain in comments section.)	<b>YES</b>	<b>NO</b>
		<input type="checkbox"/>	<input type="checkbox"/>
7.2	Did any new findings come to light that changed the risks/benefits of the study? (If Yes, please describe the findings and any actions taken in the comments section.)	<b>YES</b>	<b>NO</b>
		<input type="checkbox"/>	<input type="checkbox"/>
	If yes, were these findings communicated to the subjects?	<input type="checkbox"/>	<input type="checkbox"/>

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**8. ADVERSE EVENT REPORTING**

8.1	Were there any Serious, AND/OR Unanticipated AND/OR Related Adverse Events <b>reported</b> to the IRB since last continuing review?	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
	If so, how many? _____ (list each event below) If attaching a separate sheet, please check here: <input type="checkbox"/>	Date of event	Date of report	Date of IRB Acknowledgment
	a.			
	b.			
	c.			
	d.			
8.2	Were there any Serious, AND/OR Unanticipated AND/OR Related Adverse Events <b>not reported</b> to the IRB since last continuing review?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>Reason(s) for not reporting</b> <input type="checkbox"/> Omission <b>(Report immediately)</b> <input type="checkbox"/> Other:
8.3	Any <b>off-site</b> Serious AND/OR Unanticipated AND/OR Related Adverse Events (safety reports, data monitoring board reports) since last continuing review?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
	If yes, have they been forwarded to the IRB?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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