

**Ohio University
Institutional Review Board
Periodic Review Form**

Proposal #: _____ Funding Source: _____

Proposal Title: _____

Principal Investigator Information

Name _____ Department _____

Address _____

(If off-campus, include city, state and zip code)

Email _____ Phone _____

Indicate Study Status:

- _____ Open to continuing enrollment of new participants
- _____ Enrollment closed, participants are still receiving study treatment
- _____ Enrollment closed, only data analysis occurring
- _____ Completed (no enrollment, no treatment, no analysis occurring)

Provide the number of participants enrolled in the study:

<i>In the past year:</i>	Female _____	Male _____	TOTAL _____
<i>Since starting study:</i>	Female _____	Male _____	TOTAL _____

1. Summarize all revisions previously reviewed and approved by IRB:

2. Summarize proposed revisions to be considered in this review:

3. Provide a synopsis of the results to date (include the progress of the study as compared to the hypothesis). If the risk/benefit assessment has been altered based on the results obtained from the study thus far, describe.

4. Have there been any:
- | | | |
|---|------------|-----------|
| Adverse events or unanticipated results? | Yes | No |
| Withdrawal of subjects from research? | Yes | No |
| Complaints about the research? | Yes | No |
| Enrollment problems? | Yes | No |
| Literature, findings, or other information that has become available since starting study that indicate a need to modify the study? | Yes | |
| | No | |

If you answered 'yes' to any of the above questions, please attach explanatory material.

You must include a copy of all current informed consent documents, assent documents, and a copy of any debriefing information, if applicable.

Principle Investigator Signature

Date

Please return this form to: Office of Research Compliance, 117 Research & Technology Center, Ohio University, Athens, OH 45701-2979