

Annual Review Form

The Chair, IRB, c/o Registrar; Institute for Clinical Social Work
200 N. Michigan Ave., Suite 407; Chicago, IL 60601

Progress reports must be completed annually to comply with federal regulations. Complete the following form and return it to the address above. Fill out whether study is active or inactive.

Principal Researcher: _____

Dissertation Chair: _____

Research Title: _____

Status of Study

ACTIVE: still recruiting subjects or follow-up continuing

INACTIVE: recruitment completed and analysis/publication in process

Since this study was last approved by IRB (check all that apply)

There have been no changes made concerning use of human subjects in this project

There have been no changes in research protocol

New participants are no longer being enrolled

Data are still being collected and/or analyzed

Modifications to Research Protocol (check all that apply)

A change in principal researcher or supervisor

A change in treatment procedures/protocol

A change in the type or number of subjects used

Any other changes

Informed Consent

Written consent/assent is being obtained from all human participants

Participants have been given ample opportunity to ask questions, be debriefed

Participants are being paid _____ for their participation

Progress Report: Describe results achieved since last approval period. Include the following:

1. Number of subjects enrolled
2. Number of subjects who dropped out
3. Progress made: approximate time to complete project

Adverse Events: Describe in detail any adverse events. Include the following:

1. Any accidents or unexpected events
2. Any negative responses to research protocol
3. How protocol/debriefing was changed to eliminate risks of above

Signature: _____ **Date:** _____

Phone: _____ **Email:** _____