

Project Report and Continuation Application

(Complete and return to IRB, 130 David Boyd Hall.

Direct questions to IRB Chairman Dennis Landin, 578-8692.)



Institutional Review Board
Dr. Dennis Landin, Chair
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Baton Rouge, LA 70803
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IRB#: _____

Your Current Approval Expires On: _____

Review type: _____

Risk Factor: _____

PI: _____

Dept: _____

Student/Co-Investigator: _____

Project Title: _____

Number of Subjects Authorized: _____

Please read the entire application. Missing information will delay approval!

I. PROJECT FUNDED BY: _____ LSU proposal # _____

I. Is your project regulated by the FDA? Y/N _____

- If unsure, click [here](#) for a checklist

III. PROJECT STATUS: Check the appropriate blank(s); and complete the following:

- ___ 1. **Active**, subject **enrollment continuing**
- ___ 2. **Active**, subject **enrollment complete**; work with subjects continues.
- ___ 3. **Active**, **work with subjects complete**; data analysis in progress.
- ___ 4. Project **start postponed**
- ___ 5. **Project complete**; end date ___/___/___
- ___ 6. **Project cancelled**: no human subjects used.

IV. PARTICIPANT ENROLLMENT

- Number of participants enrolled _____

V. PROTOCOL: (Check one).

- ___ Protocol continues as previously approved
- ___ Changes are requested*
 - *List (on separate sheet) any changes to approved protocol.*
 - **Reminder: If your study closes per the new common rule, modification requests will still need to be submitted to the IRB.**

VI. UNEXPECTED PROBLEMS: (did anything occur that increased risks to participants):

- State number of events since study inception: ___ since last report: ___
- If such events occurred, describe them and how they affect risks in your study.
- Have there been any **previously unreported** events? Y/N _____
(if YES, attach report describing event and any corrective action).
 - **Reminder: If your study closes per the new common rule, unexpected problems (adverse events) will still need to be submitted to the IRB.**

Signature of Principal Investigator: _____ Date: _____