**Project Title**: Enter text.

**Principal Investigator**: Enter text.

**Protocol Number**: Enter text.

**Expiration Date**: Enter a date.

**Continuing Review Number**: Choose an item.

*Please see the guidance document entitled: “*[*How to Complete a Progress Report*](https://www.brown.edu/research/conducting-research-brown/research-compliance-irb-iacuc-coi-export-control/irb/forms-and-policies#amendments)*” for further instructions on completing the report.*

1. **Protocol Status:**
	1. Has this project been completed since the last IRB approval?

YES [ ]

 Please close this project now [ ]

I would like for this project to close on the expiration date [ ]

*If YES, please skip to section VI, sign and date this form and send to* *IRB@brown.edu**.*

NO [ ]

*If NO, please complete the remaining sections and send to* *IRB@brown.edu**.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Progress Report COI Questions:**
2. Current Investigator(s): Enter name.

*\*Attach* [*additional sheets*](https://www.brown.edu/research/sites/research/files/Additional%20Investigator%20COI%20v013019.docx) *for all investigators listed on the study.*

Have you completed a conflict of interest disclosure (i.e., *Annual COI Assurance Form* **or** *COI Reporting Form*) within the past 12 months and is it accurate and up-to-date as of the time of this submission, as required by the [COI Policy](https://www.brown.edu/research/conducting-research-brown/preparing-proposal/research-integrity/ori-staff-directory/coi-policy)? (You may access the system [here](https://infoed.brown.edu/) to confirm.)

YES [ ]  NO [ ]

Do you have a [significant financial interest](https://www.brown.edu/research/compliance-education-training/research-compliance/conflict-interest/conflict-interest/coi-frequently#Faq6) (SFI) that is related to this research protocol? “Related” could mean the research involves products, technology, intellectual property, or services made, owned, or provided by the entity/ies in which you have an SFI and that the SFI could be affected by the proposed research or its results.

YES [ ]  NO [ ]

If YES, please describe:

Enter text.

1. Personnel Changes/New Investigator(s):

The[*Brown University Conflict of Interest Policy for Officers of Instruction and Research*](https://www.brown.edu/research/about-brown-research/policies/conflict-interest-policy-officers-instruction-and-research) *(“COI Policy”)* defines the term “Investigator” as “the project director or principal investigator ***and any other person, regardless of title or position*** (e.g., full or part-time faculty member, staff member, student, trainee, collaborator, or consultant), who is **responsible** for the **design, conduct, or reporting** of sponsored research.”

**Using this definition of “Investigator,” have you added any new Brown Investigators to this project since your most recent IRB approval (Initial approval, or approval of your most recent progress report, or amendment)?**

YES [ ]  NO [ ]  ***(If NO, skip to section III.)***

1. New Investigator(s) Conflict of Interest:

Any new Investigators (if applicable) must answer the below questions. Please include additional sheets if needed to identify all new Investigators by name and title.

*Please note that if any new Investigators have an SFI related to this research protocol, the IRB may require modifications to the informed consent document(s).*

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

 **Name of Investigator:** Enter text.

 **Title:** Enter text.

* Have you completed a conflict of interest disclosure (i.e., *Annual COI Assurance Form* **or** *COI Reporting Form*) within the past 12 months and is it accurate and up-to-date as of the time of this submission, as required by the [COI Policy](https://www.brown.edu/research/conducting-research-brown/preparing-proposal/research-integrity/ori-staff-directory/coi-policy)? (You may access the system [here](https://infoed.brown.edu/) to confirm.)

YES [ ]  NO [ ]

* Do you have a [significant financial interest](https://www.brown.edu/research/compliance-education-training/research-compliance/conflict-interest/conflict-interest/coi-frequently#Faq6) (SFI) that is related to this research protocol? “Related” could mean the research involves products, technology, intellectual property, or services made, owned, or provided by the entity/ies in which you have an SFI and that the SFI could be affected by the proposed research or its results.

YES [ ]  NO [ ]

If YES, please describe:

Click or tap here to enter text.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Continuing Review (CR) Determination**

The IRB must review research protocols no less than once per year unless the research is no more than minimal risk and meets certain conditions. As of 1/21/19, under the revised Common Rule, research protocols that are **not FDA regulated** and **also meet conditions in B below** may be released from the annual continuing review (progress report submission) requirement.[[1]](#footnote-1)

A. Is this research FDA regulated?

YES [ ]  NO [ ]

B. Has the research progressed to the point that:

1. It **only involves** accessing follow-up clinical data from procedures that participants would undergo as part of clinical care (Expedited category 8a).

YES [ ]  NO [ ]

1. It **only involves** [data analysis](https://www.brown.edu/research/exemption-categories#exempt8), including analysis of identifiable private information or identifiable biospecimens (Expedited category 8c).

YES [ ]  NO [ ]

*If YES, has the data been de-identified (i.e., ALL identifying information has been destroyed)?*

YES [ ]  NO [ ]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Participants:**
	1. Has this study been approved for secondary analysis only?

YES [ ]  (***If Yes, skip to SectionV.)***  NO [ ]

* 1. Have participants been entered/consented\*?

*\*Anyone who has been consented, whether verbal or written, is considered to have been “entered” into the project whether or not they complete all parts of the study.*

YES [ ]  NO [ ]

|  |  |
| --- | --- |
| How many participants have been entered/consented since the last approval *(initial or continuing)?* | Enter total. |
| How many participants have been entered/consented since initialapproval?\* | Enter total. |
| What is the total number of approved subjects for this study? | Enter total. |

*\*If the total number of enrolled subjects is approaching the total approved number of subjects, consider submitting an amendment to increase population.*

* 1. If the study activities continue, will additional participants be entered/consented?

YES [ ]  NO [ ]

* 1. In the past year, have any participants withdrawn themselves from the study?

YES [ ]  NO [ ]

If YES, how many participants withdrew: Enter total.

Briefly state the reason(s) if known: Enter text.

* 1. In the past year, have any participants been withdrawn by the PI?

YES [ ]  NO [ ]

If YES, how many participants were withdrawn: Enter total.

Briefly state the reason(s): Enter text.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Please provide the following documents and/or information:**

*\*\*All text fields will expand to accept an unlimited number of characters, so please type and/or copy/paste into the fields rather than attaching additional pages\*\**

1. A brief lay summary describing the study:

Enter text.

1. A report sufficiently describing the progress of the research since the last approval *(initial or continuing)* including any new risks identified since the initial approval as well as copies of any external interim reports (e.g., DSMB reports):

Enter text.

1. Please attach a copy of anot­­­­­­­her institution’s current IRB approval document if Brown issues a subaward to that institution for human research activities.

*(If Brown is the IRB of record through an IAA, no documentation is required.)*

1. A list of all [Reportable Events](https://www.brown.edu/research/sites/research/files/Reportable%20Events%20Policy%20%28Final_12Nov18%29.pdf) since the beginning of the project.

*(The list should include the date, location, and type of event; the date of IRB notification; and the relatedness to the study.)*

Enter text.

1. Please attach copies of all current consent/assent forms and/or verbal consent/assent scripts.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_

1. **Investigator’s Electronic Signature:**



**PI Name**: Enter name.

**Date**: Enter date.

1. **Signature of Authorizing Official of the IRB:**



**Name**: Enter name.

**Date**: Enter date.

1. It is the responsibility of the Principal Investigator to be aware of any specific funding/contractual terms and conditions that require continuing review. With justification, the Brown IRB may also require continuing review for studies that may otherwise have qualified for release from continuing review. [↑](#footnote-ref-1)