Parker University IRB
Annual Update

Title of Protocol: ______________________________________________________________

IRB Protocol #_______________________________________________________________

Principal Investigator _______________________________________________________

Secondary Investigator(s) _____________________________________________________

Department ________________________________________________________________

IRB Date of Approval ________________________________

A. POINTS OF INFORMATION FOR ANNUAL UPDATE (use additional pages as necessary.)

1. When did the study actually begin? ____________________________________________

2. What is the funding status of the study? Include source and length of funding.

3. What is the estimated completion date of the study?

4. How many subjects have completed the study? _________________________________

5. How many subjects are currently in the study? _________________________________

6. Did any subject withdraw from the study? ______ Yes ______ No If yes, state the number of withdrawals and the reason(s).

7. Were there any problems or complications in the study that affected the subject or others?
   ___Yes ___ No Attach a description of any problems or complications.

8. Did any subject experience adverse reactions or injury during the study?
   ___ Yes ___ No Attach a description of adverse reactions or injury and treatment.

9. Were any changes initiated in the research protocol during the last twelve months that could potentially affect the subject? ___Yes ___ No A description of any changes provided (submit revised protocol).

10. Additional Comments:

B. CURRENT ASSESSMENT OF THE RISKS VERSUS THE BENEFITS

Provide a current assessment of the risk/benefit ratio based upon study results.

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Revised 7-1-10
C. ADDITIONAL MATERIALS REQUIRED

1. Copy of current informed consent form(s).
2. List of any publication(s) derived from the study.

SIGNATURE OF PRINCIPAL INVESTIGATOR*  DATE

______________________________  _______________________
POSITION  DEPARTMENT

SIGNATURE OF FACULTY DEAN / STUDENT SUPERVISOR  DATE

______________________________  _______________________
POSITION  DEPARTMENT

Non-exempt proposals are approved for a maximum period of one year. It is the responsibility of the investigator to comply with an IRB annual update for all protocols.