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| --- | --- | --- | --- |
| Date: |       | **IRB Log No.:** |       |
| **Review Category:** | [ ] Exempt | [ ] Expedited | [ ] Full |
| Design: | [ ] Survey/Questionnaire | [ ] Case Series | [ ] Case Control |
| [ ] Cross-Sectional | [ ] Cohort | [ ] RCT or Other Exptal |
| [ ] Other (please specify):       |
| **Study Title:** |       |
| **Principal Investigator:** |       |
| Hospital / Center / University: |       | Email Address: |       |
| Department: |       | Telephone: |       |
|  |  |
| Study Coordinator: |       |
| Email Address: |       | Telephone: |       |
| Sponsor (N/A: [ ] ): |       | Sponsor Acct. No.: |       |
|  |  |  |  |
| **Total number of subjects:** |       |
| ***Note:*** *The numbers below should reflect activity for the entire length of the project.* |
| Number of subjects planned: |       | Number enrolled: |       |
| Number of subjects completed: |       | Number of subjects discontinued: |       |
| Number of signed informed consent forms in your study file: |       |
|  |
| **Briefly summarize your project (an attached report/reprint will not replace this summary):** |
|       |
|  |
| **If study was terminated or abandoned, specify reason (N/A:** [ ] **):** |
|       |
|  |
| **Report Prepared By:** |
| Printed Name: |       | Signature: |  |
| Date: |       |
|  |
|  |
| **I have reviewed this report.** |
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| **Principal Investigator’s Signature** |  | **Date** |