**Project Report and Continuation Application**

(***Complete & return to the IRB office 6th Floor of Administration tower or email to:*** [***irb@jsums.edu***](mailto:irb@jsums.edu)***. Direct all questions to 601-979-4197***)

**IRB Protocol #:** Click here to enter text. **Current Approval Expires On:** Click here to enter a date.Click here to enter text.

Click here to enter text.Click here to enter text.**Principal Investigator/Advisor:** Click here to enter text. **Department:** Click here to enter text.

**Student/Co-Investigator:** Click here to enter text.

**Project Title:** Click here to enter text.

**Number of Subjects Authorized:** Click here to enter text.

**Please read and complete the entire application. Missing information will delay approval.**

**Project Funded by:** Click here to enter text. **JSU Proposal #:** Click here to enter text.Click here to enter text.

1. **Project Status: Check appropriate blank(s) and complete the following:**
   1. **Active,** subject **enrollment continues** Click here to enter text.
   2. **Active,** subject **enrollment completes** Click here to enter text.
   3. **Active,** subject **enrollment complete;** work with subject continues. Click here to enter text.
   4. **Active, work with subjects complete;** data analysis in progress. Click here to enter text.
   5. Project **start postponed:** Click here to enter text.
   6. **Project complete;** end date**:** Click here to enter a date.
   7. **Project cancelled: no human subjects used.** Click here to enter text.
2. **PROTOCOL: (Check one)**

**Protocol continues as previously approved**

**Changes are as requested\* (List on separate sheet any changes to approved protocol)**

1. **Participant Enrollment**
   1. Number of Participants enrolled: Click here to enter text.
2. **UNEXPECTED PROBLEMS:** (did anything occur that increased risks to participants):
   1. State number of events since study inception: Click here to enter text. Since last report: Click here to enter text.
   2. If such events occur, describe them and how they affect risks in your study, in an attached report.
   3. Have there been any previously unreported events?  Yes  No
3. **Attachments:** 
   1. **Copy of your most recent approval for this study**
   2. **CITI completion certificate**

      Click here to enter a date

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

**Print Name (Principal Investigator/Faculty Advisor) Date**

Click here to enter a date

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

**Signature (Principal Investigator/Faculty Advisor):** **Date**

Click here to enter a date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name (Student/Co-Investigator) Date**

Click here to enter a date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature (Student/Co-Investigator) Date**