



Originally Issued: September 6, 2016  
Reviewed: January 2019

**Certification for Project Review**  
**for Research Involving Human Subjects**  
*(to be completed after each review)*

**Project Title:**

**IRB Number:**

**Faculty/Staff Investigator**

Name:

Department/College:

Phone Number:

Email:

**Student Investigator, If applicable:**

Name:

Department/College:

Phone Number:

Email:

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**Project Status:**

A = Active – Project ongoing

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The primary principal investigator must sign this form.

\_\_\_\_\_  
**Principal Investigator or Student**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Faculty/Faculty Advisor**

\_\_\_\_\_  
**Date**

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**IRB Use Only**

**Review Criteria:**

- Risk Assessment and Monitoring** (any new information provided that would alter the IRB's previous conclusion that (1) risks to subjects are minimized, and (2) the risks to subjects are reasonable in relation to anticipated benefits, if any, to the subjects and the importance of the knowledge that may reasonably be expected to result.



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- Adequacy of the process of obtaining informed consent-** review of a copy of the sample informed consent document submitted by the investigator to verify that the investigator is using the most recently approved version and that the document contains the most accurate, up-to-date information about the research.
- Investigator and Institutional Issues** – changes in investigator’s situation or qualifications; evaluation, investigation, and resolution of complaints related to the investigator’s conduct of research; changes in the acceptability of the proposed research in terms of institutional commitments, and applicable regulations, state and local law or standards of professional conduct or practice; reports from any third party observations of the research carried out under CF CFR 46.109(e).
- Research Progress** – Continuing review information is consistent with IRB-approved protocol; Total subject enrollment; subject withdrawals

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**IRB Use Only**

- Continuation of Research Approved (no modifications)
- Continuation of Research Approved (with the following modifications)
- Continuation of Research Suspended or Terminated (Explain)  
(IRB Administrator will complete the *Project Termination/Suspension Form*)
- Research completed  
(IRB Administrator will complete the *Project Completion Form*)

Next Review Date (if applicable): \_\_\_\_\_

**X**

\_\_\_\_\_  
IRB Administrator

\_\_\_\_\_  
Date

cc      Provost/Vice President for Academic Affairs  
          Principal Investigator  
          IRB Committee Chair