**Marywood University - Institutional Review Board and Exempt Review Committee**

Immaculata Hall, 2300 Adams Avenue, Scranton, PA 18509

Phone: (570) 348-6211, x.2418 or Email: [irbhelp@marywood.edu](mailto:irbhelp@marywood.edu)

**ANNUAL CHECK-IN OR CONTINUING REVIEW FORM**

**INSTRUCTIONS: Complete this form and submit at** [**www.irbnet.org**](http://www.irbnet.org)**.** The PI must e-sign in IRBNet before submitting. If the only remaining activity is analysis, but with completely de-identified information (no codes/links exist and no associations can be made to individuals), complete and submit a Closure Report Form instead.

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| **Select One** |  | **Check In** | My study **was not assigned an expiration date** during its last approval, but activities will continue beyond the one-year approval anniversary, or annually thereafter (usually applies to exempt and expedited studies reviewed on or after 1/21/19). |
|  | **Continuing Review** | My study **was assigned an expiration date** during its last approval, but activities will continue beyond the expiration date, or annually thereafter (usually applies to full studies, or studies which were approved prior to 1/21/19 but have not yet concluded.) |

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| **Today’s Date** | Click or tap here to enter date. | | **Last Approval Date** | | Click or tap here to enter date. | **Last Review Type** | Choose from this drop down menu. |
| **Study Title** | | *Click or tap here to enter title.* | | | | | |
| **IRBNet Number** | | Click or tap here to enter project #. | | While viewing a project at IRBNet, the number appears at the top of each page, in brackets, directly under the photo header and next to the title. Enter only the number before the dash, which is the project number (not package number after the dash). | | | |

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| **STUDY PERSONNEL** | | | | | | |
| 1. **Principal Investigator (PI) Name** | | | Click or tap here to enter name. | | | |
| 1. **PI Contact Information** | | Same as on original application  Updated - Click or tap here to update email, phone and/or home address. | | | | |
| 1. **Advisor’s Name** | Same Advisor  N/A  New Advisor  Click or tap here to enter advisor’s name. | | | 1. **Advisor’s Contact Information** | | Same as on original application  Updated - Click or tap here to update email, phone and/or home address. |
| 1. **Co-Investigators, Research Assistants, or Other Personnel (e.g. interpreters, etc.).**   NOTE:   To remove someone’s access in IRBNet, click Project Overview on the left menu, double-click their name at the bottom under “Shared,” select “No Access” and click “Save.”  To add those engaged in research activities, upload the required CITI Human Research Report (not certificate). Other training may be required, depending on circumstances. If you wish to grant the person access in IRBNet, use “Share” on the left menu, click “share” again, search, click access type and save. | | | | | Not Applicable – No Others Involved Ever Involved  No Changes Since Last Approval  Removing Personnel  Name: Click or tap here to enter name.  Role: Click or tap here to enter role.  Name: Click or tap here to enter name.  Role: Click or tap here to enter role.   Adding Personnel  Name: Click or tap here to enter name.  Role: Click or tap here to enter role.  Name: Click or tap here to enter name.  Role: Click or tap here to enter role. | |

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| **STUDY DETAILS** | | | |
| 1. **Current Activities** | **Status:**  Choose one item from this drop down menu.  **If other, explain here**: Click or tap here to enter text. | | |
| 1. **As of today, what is the number** of subjects who have participated via intervention, interaction, or observation (even if online), OR the number of individuals’ existing records or specimens (secondary research) that you have accessed? | | Click or tap here to enter #. | |
|  | | **YES** | **NO** |
| 1. Are study procedures being followed exactly as they were last approved? | |  |  |
| 1. Do you wish to make any **REVISIONS** to the research or to funding now from what was described in your last submission? **If yes, describe all revisions. Upload any accompanying documents, if applicable.**  Click or tap here to explain all revisions. | |  |  |
| 1. Only if you answered yes for #4 above, will revisions affect the risk/benefit ratio? | |  |  |
| 1. Have there been any adverse events or unanticipated problems that you have not previously reported, or have there been any concerns or complaints expressed by subjects?   **If yes, explain:**  Click or tap here to enter text. | |  |  |
| 1. Have you discovered any significant new findings that might influence subjects’ willingness to continue in the study?   **If yes, explain:**  Click or tap here to enter text. | |  |  |
| 1. Did the research result in any publications, or are any pending?  **If yes, name them:**  Click or tap here to enter text. | |  |  |

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| **STUDY PROGRESS** |
| **Please explain why the study is continuing, and also provide a summary of all activities to date.**  Click or tap here to enter a summary. |