

Change, Ongoing, or Annual Resubmission of Research Proposal

UTAH DEPARTMENT OF HUMAN SERVICES

Institutional Review Board (IRB), Navina Forsythe, Chair (801-538-4045)

195 North 1950 West, Salt Lake City, Utah 84116

Date of Submission: _____ DHS IRB #: _____

Researcher's Name: _____

Street Address: _____ E-mail: _____

Work Phone: _____ Home Phone: _____ FAX: _____

Start Date: _____ Anticipated End Date: _____

NOTE: *All research projects must be reviewed by the Department's IRB no less than annually. If the Researcher plans to make **any** changes to the research design, instruments, or surveys, the Researcher must submit those changes for review, and obtain approval **before** the changes are implemented.*

1. **TITLE:** _____

2. **NATURE OF STUDY:**

3. **STUDY STATUS:** *(Check one)*

_____ **NO CHANGES** have been made to the study protocol or instruments since the DHS IRB last approved the study. ***Please provide an update of the study status including number of subjects accrued, complaints/adverse events, preliminary findings, a copy of consent document used for most recent subject enrollment (see #4 below).***

_____ **CHANGES ARE PROPOSED** for the study protocol and instruments since the DHS IRB last approved the study. ***Please attach a list that itemizes each change proposed for the protocol or instruments. Attach copies of all proposed protocol changes and all new or modified survey instruments or questionnaires. Include an update of the study status as requested #3 below.***

_____ **STUDY COMPLETED.** ***Please attach a copy of the final report.***

4. **UPDATE OF STUDY STATUS:** *(Please attach additional pages as necessary)* ***At a minimum, include the # of subjects accrued; adverse events, unanticipated problems involving risks to subjects or others, subject withdrawals, or complaints about the research since last IRB review; summary of preliminary findings, relevant recent literature, multi-center trial reports; copy of informed consent document, other relevant information, especially about risks associated with the research.***

5. **REQUIRED SIGNATURE:**

Principal Investigator: _____ Date: _____