

*Office Use Only:*

**IRB Protocol #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date Received**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle one: Exempt Expedited

Research Integrity & Compliance
Institutional Review Board
**office:** Research 1, 1735 NDSU Research Park Drive, Fargo, ND 58102
**mail:** NDSU Dept. #4000, PO Box 6050, Fargo, ND 58108-6050
**p:** 701.231.8995 **f:** 701.231.8098 **e:** ndsu.irb@ndsu.edu **w:** [www.ndsu.edu/irb](file:///C%3A%5CUsers%5Ckristy.shirley%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CTemporary%20Internet%20Files%5CContent.Outlook%5CDownloads%5Cwww.ndsu.edu%5Cirb)

IRB Protocol Status Update

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| Protocol #:        |
| Title of Project:       |
| Principal Investigator:       | Co-Investigator:       |
| Department:       | Department:       |
| Email Address:       | Email Address:       |
| Phone:       | Phone:       |

*Currently active exempt and expedited protocols that will continue beyond the three-year anniversary date must have a Protocol Status update on file. Submit the completed form at least two weeks prior to the anniversary date.*

*Refer to SOP 7.1 Exempt Determinations and 7.2 Expedited Review for additional information.*

1. PROJECT STATUS:
2. Project is currently (check all that apply):

[ ]  Recruiting participants

[ ]  Performing research intervention(s)

[ ]  Engaged in ongoing data collection

[ ]  Ongoing analysis of identifiable private information/biospecimens

[ ]  Maintaining identifiable private information or biospecimens for future analysis

1. Is the project currently funded by an outside agency?

[ ]  Yes [ ]  No

1. If yes, indicate source(s) of current funding:
2. Associated FAR#(s):
3. Has a progress report been filed with the funding agency since the last review?

[ ]  No [ ]  Yes. ![MCSY00871_0000[1]]() Attach a copy of recent report(s) to funding agency.

1. PROJECT SUMMARY:
2. Provide a brief summary of the progress of the research to date (300 words or less):

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1. Are any of the research procedures or conditions no longer active, i.e., have portions of the study been completed? If so, please describe:

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1. List research sites:

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1. Have any potential participants declined to participate, or withdrawn from the research?

[ ]  No [ ]  Yes, If yes, please explain:

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1. Have there been any complaints, unanticipated problems, or protocol deviations?

[ ]  No [ ]  Yes, If yes, please explain:

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1. PERSONNEL:

*List all NDSU students, faculty or staff who will assist in the project (recruiting participants, obtaining informed consent, intervening or interacting with participants to obtain information/data, and/or handling identifiable information for research purposes). May provide as a separate attachment.*

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| Name, Dept. | Email Address | Duties | Training Date |
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* ***Note:*** *Investigators and all members of the research team are required to complete a course in the protection of human research participants every three years. Refer to the* [*IRB ‘Training’ page*](https://www.ndsu.edu/research/integrity_compliance/irb/training/) *for information and a link to the* [*CITI online training*](file:///C%3A%5CUsers%5Ckristy.shirley%5CDownloads%5Ccitiprogram.org)*.*
* ***The PI is responsible to ensure that any non-NDSU research team member is trained in the protection of human subjects;.***

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**SUBMISSION INSTRUCTIONS:**

The Principal Investigator must submit via official NDSU Email with all applicable supplemental materials (e.g., recruitment notices, oral script/information sheet or consent document).

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| Project is:  [ ]  Active Next Status update due prior to:IRB Signature: Date: |