IRB No. _____

WSU Institutional Review Board (IRB)
Project Status Report

Projects of more than one year's duration and changes to approved protocols must be submitted for review and approval by the IRB. Please complete and return this report to Campus Box #7.

Investigator's Name:

Project Title:

Date approved by WSU IRB:

Type of report: Annual ☐ Revision to Approved Protocol ☐

1. **Have you changed your research procedures in any way which impinges on your subjects since your project was reviewed by the WSU IRB?**
   Yes ☐ No ☐
   If yes, please describe. Attach additional pages if necessary.

2. **Have you encountered any problems that may impinge on the subjects involved?**
   Yes ☐ No ☐
   If yes, please describe the situation and your response. Attach additional pages if necessary.

In signing this statement, I certify the information provided is accurate.

_____ _____
Principal Investigator Date

Reviewed and Approved: _____ _____
Chair, IRB Date

(Green)
ORA August 2007