

## Troy University

To help us keep our records current, please complete the following and return it to the Institutional Review Board, at [irb@troy.edu](mailto:irb@troy.edu). If you have any questions, please email the Institutional Review Board at [irb@troy.edu](mailto:irb@troy.edu) or call us at 334-808-6294.

**Project Title:** \_\_\_\_\_

**Protocol #:** \_\_\_\_\_

Check all items that apply to your protocol and provide requested information. (You may attach additional sheets if necessary.)

1. Approximately on what date did data collection begin? \_\_\_\_\_
2. Please indicate the statement that best describes the status of this protocol:

- a) I have completed work on this protocol. I will answer the remaining questions on this form to enable the IRB office to officially close the protocol.
- b) I have not begun data collection. I plan to start on \_\_\_\_\_.
- c) Human participants are currently being recruited. I have attached 3 clean copies of the current informed consent.
- d) No further recruiting will occur after the expiration date. However, the data collected during the research shall be analyzed.
- e) No further recruiting of participants will occur, but data collection will continue on at least one participant.
- f) No further recruiting will occur. All interventions are completed on all participants, but follow-up is being conducted as described in the informed consent. These follow-up activities are described as follows:

3. If there have been any additions or deletions to the list of researchers involved with this protocol, I have described the reason for each change below and have updated the informed consent form to include only the current researcher(s):

4. If the protocol is externally funded, and the information about sponsorship is not correct in the protocol, the revised IRB form identifies the following sponsor(s):

5. Please indicate the following:

