**DO NOT DELETE OR ALTER ANY PART OF THIS FORM**

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| **HRPP USE ONLY** | |
| **IRB #:** |  |
| **Rec. Log:** |  |

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| **ANNUAL CHECK-IN/CLOSEOUT** |

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| --- | --- |
| **Principal Investigator:** | [REQUIRED FIELD] |
| **Study Title:** | [REQUIRED FIELD] |
| **IRB #:** |  |

**Instructions:**

* Do not leave questions/[REQUIRED FIELD] blank; write or check "**N/A**" if not applicable.

**How to submit:**

* All submissions must be emailed to [irb@wsu.edu](mailto:irb@wsu.edu).
* Please have the subject line read as: **“Annual Check-In for IRB ##### “Title”.”**
* Submissions **must** be sent from a WSU email account.
* Submissions should be sent by the **PI**. If someone other than the PI (e.g., a graduate student, post doc, co-PI, or staff) is submitting the application on behalf of PI, the PI **must** be copied as a recipient.
* This form should **only** be submitted if you’ve received a notification from IRB/HRPP about a **required annual check-in**. If your project requires continuing review and was given an expiration date, please complete the “Continuing Review/Closeout” form.

**Please note:**

* Applications are processed in the order in which they are received.

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| **SECTION 1. PROJECT STATUS** |

**Please check one of the following below.**

**1.**  **This research is still active.**

1. ☐ **The study was started but was closed prior to completion.**
2. ☐ This study involved the storage or use of any human biological specimens
3. If yes,explain what will happen with the specimens at the close of this study: [REQUIRED FIELD]
4. ☐ **The research has been completed according to the IRB approved procedures.**
5. ☐ This study involved the storage or use of any human biological specimens
6. If yes,explain what will happen with the specimens at the close of this study: [REQUIRED FIELD]
7. I certify that the proposed research has been completed and there will not be any further contact with the participants, use of or access to individually identifiable information:

☐ N/A

☐ No

☐ Yes

1. ☐ **The research is closed out at WSU and has been transferred to another institution.**
2. Indicate which institution(s) the research will be transferred to: [REQUIRED FIELD]
3. Indicate what data will be transferred: [REQUIRED FIELD]
4. ☐ This study involved the collection, storage, or use of any human biological specimens
   1. If yes,explain what will happen with the specimens at the close of this study: [REQUIRED FIELD]
5. I have worked with my department to identify the steps required to transfer the study:

☐ No

☐ Yes

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| **SECTION 2. PROJECT INFORMATION** |

1. **To your knowledge since the last protocol approval date, has there been any new information, either through the study itself or through outside sources (e.g. literature, journal articles, conferences, etc.) that may indicate an increased risk to subjects in this study, including social, physiological, or physical harm)?**

☐ No

☐ Yes

*If yes, please summarize or attach supporting documentation:* [REQUIRED FIELD]

1. **Adverse events or participant complaints related to study procedures have occurred since the last renewal:**

☐ No

☐ Yes, these have NOT been reported to the HRPP. **Please submit the HRPP Reporting Form detailing the event**.

☐ Yes, these have already been reported to the HRPP.

**PI name:** [REQUIRED FIELD]

**Date:** [REQUIRED FIELD]

**PI Signature\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*If submitting from the PI’s WSU email, signature is not needed.*

**Name (if not submitted by PI):** [REQUIRED FIELD]

**Date:** [REQUIRED FIELD]

**Signature\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*If submitting from the PI’s WSU email, signature is not needed.*