SAN JUAN DE DIOS EDUCATIONAL FOUNDATION, INC.
INSTITUTIONAL REVIEW BOARD

CONTINUING REVIEW/PROGRESS REPORT FORM (SJDEFIIRB FORM 3.1)

IRB Reference No	
Protocol No.	
Protocol Title	
Principal Investigator	
Approval Date	
Start Date	
Action requested:	☐RENEW - New participant accrual to continue ☐RENEW - Enrolled participant follow up only ☐TERMINATE - Protocol discontinued

Study has not started due to:	Has any information appeared in the literature, or evolved from this or similar research that might affect the IRB's evaluation of the risk/benefit analysis of human subjects involved in this protocol? ☐No ☐Yes (discuss in the attached narrative)
Have there been any amendments since the last review? ☐No ☐Yes (Describe briefly in attached narrative)	Have any unexpected discomforts, complications, or side effects been noted since last review? ☐No ☐Yes (Discuss in the attached narrative)
Summary of protocol participants: _____accrual ceiling set by IRB _____new participants accrued since last review _____total participants accrued since protocol began	Have any participants withdrawn from this study since the last IRB approval? ☐ No ☐ Yes (discuss in the attached narrative)

Investigational New Drug/Device ☐None ☐IND ▪ FDA No.: ▪ Name: ▪ Sponsor: ▪ Holder: ☐IDE	Ionizing radiation use (X-rays, radioisotopes, etc) ☐None ☐Medically indicated only
Accrual exclusions ☐None ☐Male ☐Female ☐Other (specify):	Have there been any changes in the participant population, recruitment or selection criteria since the last review? ☐No ☐Yes (explain changes in attached narrative)
Impaired participants ☐None ☐Physically ☐Cognitively ☐Both	Have any participating investigators been added or deleted since last review? ☐No ☐Yes (Identify all changes in the attached narrative)
Have there been any changes in the informed consent process or documentation since the last review? ☐No ☐Yes (explain changes in attached narrative)	Have any new collaborating sites (institutions) been added or deleted since the last review? ☐No ☐Yes (identify all changes and provide an explanation of changes in the attached narrative)
Change in medical advisor / investigator? ☐None ☐Delete _____ ☐Add _____	Have any investigators developed equity or consultative relationship with a source related to this protocol which might be considered a conflict of interest? ☐No ☐Yes (append a statement of disclosure)
Principal Investigator Signature Date	

Section 2. FOR IRB USE ONLY

RECOMMENDATIONS
Comments:

IRB FINAL ACTION
❑ *Uphold original approval with no further action* ❑ *Request information* _____ _____ _____ ❑ *Recommend further action* _____ _____ _____

MEMBER-SECRETARY	*Signature*	*Date*
CHAIR	*Signature*	*Date*