CHICAGO DEPARTMENT OF PUBLIC HEALTH---INSTITUTIONAL REVIEW BOARD

PERIODIC REVIEW FORM
FOR
RESEARCH INVOLVING HUMAN SUBJECTS

Please return by: on _____

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Instructions: Fill out the form *completely*. Periodic Review cannot be accomplished unless the progress report is completed, a copy of the current consent form is included, and appropriate signatures are obtained. Incomplete forms will be returned.

PRINCIPAL INVESTIGATOR(S): _____

CO-INVESTIGATOR(S): _____

CDPH SPONSOR: _____

DIVISION/PROGRAM: _____

PROJECT TITLE: _____

_____

_____

FUNDING AGENCY OR RESEARCH SPONSOR: _____

PRINCIPAL INVESTIGATOR'S INFORMATION: _____

Mailing Address: _____
E-Mail Address: _____
Telephone Number: _____
Fax Number: _____

.....

The project was **FIRST APPROVED** on _____

The project was **LAST APPROVED** on _____

.....

I. PROJECT DESCRIPTION

A. Project activity STATUS is (check one of four boxes, as appropriate):

[ ] **CONTINUING** with **NO CHANGES** in procedure, risks, or class of human subjects since the last review.

[ ] **REVISED**. Minor changes may be indicated on this form. For substantial changes, a new Human Subjects Review Form must be completed, indicating the manner in which the project was revised, and returned with this form. Please complete this form also.

[ ] **NEVER INITIATED**. **WORK WILL NOT BE DONE AT THIS TIME**. Please sign on page three and return this form through the appropriate offices for signature.

[ ] **COMPLETED. NO FURTHER CONTACT WITH HUMAN SUBJECTS IS PLANNED**. Please sign on page three and return this form through the appropriate offices for signature.

B. This project is being conducted at the following SITE(S):
[ ] CDPH CLINICS (please list which sites) _____
[ ] CDPH FIELD SITES (please list which sites) _____
[ ] In the field (homes, streets, non-CDPH clinical and/or non-clinical settings) _____
[ ] Cermak Health Services/Cook County Jail (requires letter from jail co-sponsor) _____
[ ] Other (specify) _____

II. PROGRESS REPORT

A. NUMBER OF SUBJECTS STUDIED TO DATE: _____

NUMBER OF SUBJECTS STUDIED SINCE THE LAST REVIEW: _____

NUMBER OF SUBJECTS YET TO BE STUDIED: _____

B. Have any ADVERSE EVENTS been noted since the last review?

[ ] YES [ ] NO If YES, how many? _____

Were any of these UNANTICIPATED REACTIONS? ("unanticipated" being defined as not having been anticipated in the protocol nor stated in the consent form)

[ ] YES [ ] NO

If you have answered YES to either of the above, please attach an explanation.

C. Provide a STATEMENT regarding the STATUS of any DRUGS, BIOLOGICS or DEVICES employed in the study.

_____
_____
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D. SUMMARY OF RESULTS to date:

_____
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Please attach a copy of your **CURRENT CONSENT FORM**.
Please attach copies of current IRB approval or renewal from collaborating institutions.
Attach copies of any abstracts or publications resulting from this work

Any **ADDITIONAL INFORMATION** that may be useful to the reviewers.

_____
_____
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_____

I certify that the approved protocol and approved method for obtaining informed consent have been followed during the period covered by this **PROGRESS REPORT**.

_____ _____
Date Principal Investigator

III. INSTITUTIONAL ENDORSEMENTS

Your endorsement is requested to assure the Institutional Review Board that your office is aware of the existence and status of this research activity:

_____ _____
Date CDPH Sponsor

_____ _____
Date Division Director

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Submit to:

Joslyn James
Staff Assistant
Chicago Department of Public Health
333 South State Street
Chicago, Illinois 60604
Email: joslyn.james@cityofchicago.org
(312) 747-8524

PDF version of this form