1. Principal Investigator Name:

2. Project Title:

3. Is this a final report for this project (i.e., are you closing the study)?

[ ]  Yes **(If “Yes,” go to Item 3A)**

 [ ]  No **(If “No,” go to Item 3B and 3C)**

 **3A**. Please provide a brief summary of the findings associated with this project **(There is a 200 word limit for responses. DO NOT INCLUDE TABLES, DO NOT UNDERLINE, USE SUBSCRIPTS, SUPERSCRIPTS, OR SYMBOLS.)**:

 **3B**. Please describe the scientific progress made on this project in the past year **(There is a 200 word limit for responses. DO NOT INCLUDE TABLES, DO NOT UNDERLINE, USE SUBSCRIPTS, SUPERSCRIPTS, OR SYMBOLS.)**:

**3C**. Study Team Members

**You must submit a current, signed Conflict of Interest Statement for the Principal Investigator and Co-Investigators.**

|  |
| --- |
| *Please list all study team members currently working on this study and any being added with this report. Additional rows may be inserted as needed. PIs and Co-Investigators cannot change with this report. A separate modification request must be submitted.* |
| **Name / Degree** | **Study Role** | **Date Added** (if applicable) | **R&D USE ONLY** |
|       |       |  |  |
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| *Please list all personnel who have left since the last Continuing Review.* |
| **Name** | **Study Role** | **Date** |
|  |  |  |
|  |  |  |

4. Has this project resulted in any journal articles that have been published or accepted for publication?

[ ]  Yes **(If “Yes,” go to Item 4A)**

 [ ]  No **(If “No,” go to Item 5)**

 **4A.** List these publications:

5. Has this project resulted in any conference papers that have been presented or accepted?

[ ]  Yes **(If “Yes,” go to Item 5A)**

 [ ]  No **(If “No,” go to Item 6)**

 **(If “Yes,” to Item 5)** **5A**. List these conference papers:

6. Please summarize any unanticipated problems and their impact.

7. Any concerns/issues with budget, space, personnel, equipment, or supplies?

8. Have there been any issues of serious non-compliance with applicable policies, including privacy and security, that have occurred since the last approval/continuing review?

9. For IRB Exempt studies, please respond to the statement below:

 I will adhere to the procedures and activities described in my approved Research Plan (for studies approved after January 20, 2019) and/or the research summary provided in my approved IRB Exemption form (for all exempt studies).

[ ]  N/A (This study is not IRB Exempt.)

 [ ]  Yes, I have reviewed this information and confirm it is accurate.

[ ]  No, I would like to make changes. (You must submit a modification request; see below).

**NOTE: If you would like to make changes to your previously approved Research Plan or protocol, you must submit a modification request to the R&D Committee. You must receive written notice of approval from the R&D Committee BEFORE implementing any changes to your protocol.**

|  |  |
| --- | --- |
| **R&D #:**  *(Assigned by Research Office)* |  |

**Title of Project:**

|  |
| --- |
| FOR RESEARCH OFFICE USE ONLY**Does the information provided adequately address the amount of progress made on this project over the last year?** **[ ]  Yes**  **[ ]   No** (Please indicate the shortcomings of this project report under “Comments”)**Comments:**      **As a reviewer, are you an investigator, consultant, collaborator, or study personnel on the proposed study; do you have a financial interest in the study; or do you have any other conflict of interest with this study?****[ ]  Yes\*\*** **[ ]   No****\*\*If yes, please do not perform this review and contact the Research and Development Committee Coordinator, Christina Bennett (****christina.bennett2@va.gov****)**  |
| **Signature of R&D Committee Member****Name:**       |  | **Date** |