**IRB Review of Approved Project Form: Procedural Revisions or Yearly Periodic Reviews**

**Applicant Information**

**Date Submitted:** Enter date

**Title:** Enter title of research project

**Applicant Name:** Enter name

**Applicant Phone:** Enter phone number

**Applicant Email:** Enter email address

**Applicant Address:** Enter mailing address

**Organization:** Enter university or organization affiliation

**Study Background**

**Start Date for Research:** Enter date

**Duration of Research (in months):** Enter number of months

**Total Number of Human Subjects:** Enter number of human subjects

**Status**

|  |
| --- |
| **Type of Project (Select one)**: |
| [ ]  Exempt [ ]  Expedited [ ]  Full IRB Committee Review  |
| **Project Status (Select one)**: |
| [ ]  Procedural revision to previously approved project (Date previously approved: Enter date) [ ]  Yearly periodic review of continuing project (Date previously approved: Enter date**)** |
| **Other organizations involved in project, if applicable:** Enter other organizations**Changes** |

**Were there any changes that increased the level of risks for human subjects involved?**

|  |
| --- |
| [ ]  No [ ]  Yes, describe below  |

**Summary of Risks**

Enter information

**Submission**

*Applicants should submit completed IRB Initial Routing Form along with necessary attachments via email to* *IRB@fscj.edu**. Questions about the IRB process can be addressed to* *IRB@fscj.edu**.*

**IRB Decision *(to be completed by IRB Chair)***

[ ]  **Approved**

**[ ]  Changes must be made before approval will be granted**

**[ ]  Referred for Full IRB Committee Review due to significant changes in the project’s protocol (not required for Exempt or Expedited projects)**

[ ]  **Not approved**

**College Administrator for Applicant:** Enter information

**IRB Tracking Number:** Enter information

**Signature of IRB Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** \_\_\_\_\_\_\_\_\_\_\_\_