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| **Progress Report for Expedited Studies**  **This study is exempt from continuing review because of one of the following conditions:**  **1. The study is NOT regulated by the FDA under 21 CFR 312 (drugs) or 21 CFR 812 (devices),**  **2. The study is eligible for expedited review, i.e. research activity is limited to the activities described in categories 1 to 7 of the OHRP Expedited Review Categories, or**  **3. Research has advanced to involve only one or both:**  **a. Data analysis, including analysis of identifiable private information or identifiable biospecimen, and/or**  **b. Accessing follow-up clinical data from procedures that subject would undergo as part of clinical care; not specifically for research.**  **Therefore, only a progress report must be filed.**  **\*Note: Eliminating the continuing review requirement does NOT apply to FDA-regulated research** |

**Return this form to:**

Baptist IRB [Baptist.IRB@bmhcc.org](mailto:Baptist.IRB@bmhcc.org) (Baptist IRB Memphis)

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| Date of Submission: | Baptist-IRB Number: | Principal Investigator: |
| Title of Study: | | |

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| General Information | | | | | |
| 1. Date initially approved: | | | | | |
| 1. Study site: | | | | | |
| 1. Person completing this form: | | | | | |
| 1. **Report of Activity: If necessary, use separate sheets to explain any answers** | | | | | |
|  | When the protocol was initially approved, how many subjects were authorized for enrollment?       NA | | | |
| 1. **Study Personnel & Study Site** | | | | |
|  | | Have any changes occurred in the professional personnel participating in the study?  If Yes, please explain. | Yes | No |
|  | | Have the licenses, certifications or professional privileges of any personnel participating in the study been restricted or modified? If Yes**,** please explain. | Yes | No |

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| --- | --- | --- | --- | --- |
| 1. **Study Status and Supporting Documentation** | | | | |
|  | Are subjects still being enrolled or records being reviewed? | | Yes | No |
|  | Is the study permanently closed to enrollment AND subjects ARE NOT receiving active study treatment BUT undergoing follow-up assessment only?  Yes  No | | | |
| (c) | |  |  |  | | --- | --- | --- | | Data Analysis only. | Yes | No | | | | |
| **Statement of Principal Investigator: I have reviewed this Progress Report. To the best of my knowledge, the information provided is accurate.** | | | | |
| **Principal Investigator (please print)** | | |  | | | |
| **Signature of Principal Investigator** | | | **Date** | | | |