

**Walla Walla University
Ethics in Review Committee (EIRC)**

Form A

Annual Review, Modification, Termination or Completion

General Information

Application request for:

- ☐ Modification ☐ Annual Review ☐ Research Termination ☐ Research Completion

Title of Research Project:

Principle Investigator: _____

Email: _____

Phone #: _____

Current Status of Project

- ☐ Project current in progress. **Complete Sections 3 and 4.**
- ☐ Project pending, anticipated start date is _____. **Complete Sections 3 and 4.**
- ☐ Changes are planned. **Complete All Sections.**
- ☐ Project completed. **Complete Sections 3 and 4.**

Section 1: Proposed Modifications

Modifications include but are not limited to changes in: change in title, investigators or research team members, purpose/scope of research, location changes/updates, recruitment procedures, subject population, data collection procedures, surveys or other data forms.

1. Has there been any change(s) to project which will affect human subject participation (e.g. purpose/scope of research, location changes/updates, recruitment procedures, subject population, or data collection procedures).
Yes ☐ **No** ☐

If yes, stop here. This will require a new EIRC application/proposal to be submitted along with this form.
Complete section 4 of this form prior to submission.

2. Change to the project title, if different from your last approval. **Yes** ☐ **No** ☐

If yes, please provide the new title:

3. Has there been any personnel/staff changes since the last approval granted? **Yes** ☐ **No** ☐

If yes, please list the additions or deletions, names, roles in project:

4. Has your informed consent changed? **Yes** ☐ **No** ☐

If yes, please submit one (1) copy of the new version with the requested changes highlighted and one (1) copy with the revisions, but do not highlight them.

5. Other change(s)? **Yes** ☐ **No** ☐

Please explain these changes here:

Section 2: Risks & Benefits

1. Will the change(s) increase any risks or present any new risks (confidentiality, physical, psychological, or economic)? **Yes** ☐ **No** ☐

If yes, provide a detailed explanation of how you will minimize these risks to participants including specific risks and corresponding safeguards:

Section 3: Continuation/Completion

1. Has this project been completed or terminated? **Yes** ☐ **No** ☐

Please provide completion/termination date: _____

If project was terminated and not completed, please provide rationale for termination:

2. Has this project been conducted in accordance with the most recent EIRC approval of this study? **Yes** ☐ **No** ☐

If no, provide a detailed explanation and justification for the deviation:

3. Number of participants proposed/approved in the study: _____

Number of participants currently enrolled in the study: _____

If requesting continuation, number of additional participants requested to use in the next approval period (in addition to number already enrolled): _____

4. Please indicate your progress on the project to date. Include specific information on the recruitment and use of human subjects (1-2 paragraphs). You may attach a copy of your grant progress or publication if applicable.

5. Problems/Adverse Events:

Were there any adverse events or unexpected problems involving the risks to subjects or others? **Yes** ☐ **No** ☐

Did any subjects withdraw from the research before completion? **Yes** ☐ **No** ☐

Have there been any complaints received about the research? **Yes** ☐ **No** ☐

Were there problems recruiting subjects or obtaining consent? **Yes** ☐ **No** ☐

If you answered yes to any of the above questions, please describe the events/problems, number of subjects involved, and the steps taken to resolve the situation:

Section 4: Signatures

If submitted by faculty or staff, electronic signatures are acceptable. If submitted by a student, please print out completed form, obtain the supervising faculty's signature, scan and email completed form.

Principle Investigator or Student

Date

Faculty Advisor (if applicable)

Date

This box is for Walla Walla University's – EIRC Office Use Only

Date Received: _____ ☐ Exempt ☐ Expedited ☐ Full Review

Request Type: ☐ Modification ☐ Annual Review ☐ Research Termination ☐ Research Completion

Date Approval Sent: _____

EIRC Committee Chair Signature: _____