

**YAKIMA VALLEY MEMORIAL HOSPITAL
INSTITUTIONAL REVIEW BOARD
CONFIDENTIAL**

**PERIODIC/CONTINUING REVIEW OF
RESEARCH FOR DRUG STUDIES OR TEST ARTICLES**

	PLEASE COMPLETE EACH SPACE IN THIS COLUMN (ATTACH SEPARATE SHEET, IF NECESSARY)	
1. Title or Name of Protocol		
2. Principal Investigator.		
3. Co-Investigator(s).		
4. Study Sponsor.		
5. Have there been any Changes made in this Study (either Protocol or Informed Consent) since the Initial IRB approval or the Last Periodic Review (whichever is the most recent)?	YES	NO
	If Yes, please describe:	
6. Total Number of Subjects Entered since Initial IRB Approval.	Nationally:	This Facility:
7. Anticipated Number of Subjects (Accrual goal)	Nationally:	This Facility:
8. Total Number of Subjects Entered since Last Periodic/Continuing Review (during the last year)	Nationally:	This Facility:
9. Describe any <u>unanticipated</u> Adverse Events and/or Benefits experienced from <u>any and all</u> Study Sites that have NOT been previously reported. If these new unanticipated Adverse Events and/or Benefits are inconsistent with those previously reported, please let us know. (use separate sheet, if necessary).	(Check if none)	
10. State how many Subjects have withdrawn from the Study and summarize the reasons for the withdrawal(s).	Nationally:	This Facility:
	Reason:	
11. Is this Study open to further Accrual?	YES	NO DATE CLOSED: _____
	If No , are you following any previously enrolled subjects? Yes No	
12. Please check which of the following statements applies to this study:	<p style="text-align: center;">At least ONE enrolled patient is still on active treatment.</p> <p style="text-align: center;">All patients have completed active treatment and will now be monitored on follow-up.</p>	

Title or Name of Protocol: _____

	PLEASE COMPLETE <u>EACH</u> SPACE IN THIS COLUMN (ATTACH SEPARATE SHEET, IF NECESSARY)
12. If this Study is open to further accrual, are any changes proposed to be made to the current, IRB-approved Informed Consent?	<p style="text-align: center;">YES NO N/A</p> <p>If Yes, describe changes and attach the current, IRB-approved Informed Consent & a revised version (with additions bolded and deletions marked using strikethrough):</p>
13. If NO subjects have been enrolled at the local level, please give rationale for keeping the study open:	Reason:
14. Do you wish this study to be approved for another year? (NOTE : Studies closed to accrual with patients on long-term follow-up MUST stay open to the IRB)	<p style="text-align: center;">YES NO</p>
15. State any other information, which may have a bearing on the IRB's continued approval of this Study.	<p style="text-align: center;">NONE N/A</p>
STUDY COORDINATOR NAME, PHONE, & E-MAIL ADDRESS (Local contact person)	
PRINCIPAL INVESTIGATOR NAME	
PRINCIPAL INVESTIGATOR SIGNATURE	
DATE SIGNED	

REQUIRED ATTACHMENTS (original of the following):

1. **This Form**
2. **Current, IRB-approved Informed Consent (if Accrual is still Open)**
3. **Revised Informed Consent, if applicable** (with additions **bolded** and deletions marked using ~~strikethrough~~)