IRB FORM # HS-3 -- HUMAN SUBJECTS ANNUAL REPORT/FINAL REPORT FORM

DATE:	2 nd REQUEST DATE:
TO: FROM:	: Ms. Jennifer Cook-Johns, SWOSU Office of Sponsored Programs
HS #: RE: TITLE:	IRB PROTOCOL ANNUAL REPORT DUE BY
DATE	OF IRB APPROVAL (Anniversary Date):
Protection prior to by the II intervals 1) Prior to 2) If you is due 3) If you appropriate appropriate the intervals appro	on of Human Subjects Committee (IRB). To avoid automatic termination of your protocol, please submit this completed form the above listed anniversary date. The DHHS guidelines specifically state that all human subjects protocols that are reviewed RB are approved for a maximum period of three years and shall be continually reviewed during this period by the IRB for some less than once per year. The following reporting procedures have been established. It to the anniversary date, an "Annual Report" is due to the IRB each year during the 3-year approval period. It is to the IRB by the anniversary date. It to the IRB by the anniversary date. It to the IRB by the anniversary date. It protocol is approaching the end of the 3-year approval period and you wish to continue your protocol beyond the 3-year val period, a new IRB FORM # HS-1 (Human Subjects Application) must be submitted for a new IRB review. Along with the dission of the new IRB Form# HS-1, a "Final Report" form must also be submitted for the initial 3-year approval period. Initial 3-year protocol approval will be terminated if a new IRB Form # HS-1 is not received and approved by the IRB by the ersary date of the initial 3-year protocol approval.
I.	Check One: Annual Report Final Report
II.	Check the statement or statements that apply to your protocol:
	I hereby certify that I have utilized humans in my research in accordance with what I wrote in my protocol identified above.
	I have not begun data collection. I hereby certify that I will utilize humans in my research in accordance with what I wrote in my protocol identified above.
	I have modified my protocol and request that the IRB re-approve my protocol with the attached modifications: (Use a separate sheet and describe modifications, including, but not limited to change in applicant name, change in project title, changes in protocol, changes in population, changes in procedures, changes in consent form, etc.). Please note that substantive changes, such as a change in category (i.e. from exempt to expedited or expedited to full review) will require submission of a new protocol and should be reported immediately. I have completed my research on this Protocol as of Protocol should be in inactive status.
III.	I expect this protocol to continue until (date, if applicable)
IV.	Were signed consent forms obtained? Yes No . Are the consent forms in a secured locked location? Yes No . Where are the consent forms located?
V.	Please attach a typed description of any problems you have encountered working with human subjects and what measures you took to minimize risk.
	If you have encountered no problems, please indicate below. I certify that I have encountered no problems in my work with human subjects.
procedu	that I have been truthful and accurate in completing this form and that I will continue to abide by University policies and res regarding the use of human subjects in research. I understand any future use of data collected must comply with SWOSU and Procedures.
Signatu	re of Researcher Date

Signature of Researcher

Send this completed report and any attachments to Ms. Jennifer Cook-Johns, SWOSU Office of Sponsored Programs