## PERIODIC PROGRESS REPORT (PPR) FORM

OKLAHOMA STATE DEPARTMENT OF HEALTH

INSTITUTIONAL REVIEW BOARD

1. STUDY INFORMATION

OSDH IRB Number

Study Title

Principal Investigator

E-Mail Address

### STATUS OF THE STUDY

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **ACTIVE\***, continuing to enroll subjects or pending first subject enrollment |  | **ACTIVE**, but closed to new subject enrollment |  | **COMPLETED**, no subjects being followed. Please inactivate. |

*\*Submit a copy of the current approved consent form(s)*

## PROGRESS REPORT

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of subjects enrolled since approval or last report** | | | | **Total number of subjects enrolled** | | | |
|  | Healthy Volunteers/ Controls |  | Research Subjects |  | Healthy Volunteers/ Controls |  | Research Subjects |

*Do not leave blanks. Use None, N/A, or “0” as applicable.*

Summarize study results since initial approval or your last review (use continuation pages as needed).

Attach study-related reports or publications.

List total number of participants by gender: Male       Female

List total number of participants by race/ethnicity: American Indian

African American       Asian/Pacific Islander

Caucasian (non-Hispanic)       Hispanic

List any adverse effects to study subjects and the dates of notification to the IRB.

List number of withdrawals and reason for withdrawing.

Is IRB approval required at other outside sites?  Yes  No Specify IRB

If so, has it been obtained?  Yes  No If yes, please attach copy of approval.

If no, please submit IRB approval when obtained.

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**Signature of Principal Investigator Date**