

**VITERBO UNIVERSITY
REQUEST FOR ANNUAL UPDATE FOR
RESEARCH INVOLVING HUMAN PARTICIPANTS**

Name of primary researcher: _____ Dept/Program: _____
(contact)

Campus address: _____ Phone: _____

Faculty research advisor: _____ Advisor's phone: _____
(for student research)

Project title: _____

Project dates: from ____/____/____ to ____/____/____

Number of participants who completed the study _____

Number of participants who are currently involved in the study _____

Number of participants to be enrolled in the study in the next 12 months _____

Number of participants who voluntarily withdrew from the study _____

Number of participants experiencing adverse reactions, complications, or injuries
resulting from participation in the study _____

Attach a one page description of the known reasons for voluntary withdrawal of participants from the study and the adverse reactions, complications, or injuries resulting from the study. Include a brief summary of progress on the project and preliminary results.

Primary researcher's printed name Department/Program

Primary researcher's signature Date

For student research:

Faculty research advisor's printed name Department/Program

Faculty research advisor's signature Date

Committee use only:

Date received by IRB: _____ Date approved by IRB: _____