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| For all exempt studies and qualifying expedited studies approved after January 21, 2019 as status update is  now required. Status Updates/Check-Ins are submitted annually. This form must be submitted 6 weeks  prior to the status check-in date provided on the IRB Approval letter. This form is intended to provide the IRB  with an update on the progress of minimal risk research that has been granted a status check-in. This form must be completed and returned to The Christ Hospital IRB Office at 2139 Auburn Avenue, Room 3140, Cincinnati, Ohio 45219 or electronically to [IRB\_Office@thechristhospital.com](mailto:IRB_Office@thechristhospital.com). | | |
| **A. Study Information** | | |
| 1. TCH IRB Number: |  | |
| 1. Study Title: |  | |
| 1. How many participants have been enrolled? (for   purposes of this question, this includes collected data and specimens in cases where there is no active enrollment activity occurring) | |  |
| 1. How many more do you expect to enroll? | |  |
| 1. How much more time is needed to complete the study? | |  |
| 1. Provide a brief description of all research   related activity currently occurring and research related activities that have been completed since the last IRB review. | |  |

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| **B. Study Personnel** |

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| 1. PI Name: |  |
| 1. Sub-Investigators: |  |

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| 1. Do all Key Research Personnel (PI, Sub-I’s, Research Staff) maintain current CITI certification? | YES -  NO |

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| **C. Changes to the Research** | |
| 1. Have there been any modifications or amendments to the study that have not been previously submitted to the IRB? | YES -  NO  If YES, attach a summary of the modifications or amendments, and an updated copy of the protocol. |

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| **D. Reportable Events and Non-Compliance** | |
| 1. Have any Reportable Events (UAPs) occurred since last review? | YES -  NO  If YES, complete the following:  Number of reportable events:  Describe the reportable events:  Have they been reported to the IRB? ☐ YES - ☐ NO |
| 1. Have there been any instances of non-compliance with the protocol or regulations since last review? | YES -  NO  If YES, complete the following:  Describe:  Have they been reported to the IRB? ☐ YES - ☐ NO |

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| **E. Financial Disclosure Update** | |
| Since the last report, has any investigator involved in this study or member of any investigators immediate family (immediate family is defined as a spouse, dependents or members of his/her household): | |
| 1. **Relationship with Sponsor/Funding Agency**   Been an executive, director, or employee of the sponsor of this study. | YES -  NO |
| 1. **Remuneration from Sponsor/Funding Agency**   If Sponsor/Funding Agency is a publicly traded company- Salary or other payments for services (e.g. consulting fees, honoraria, or paid authorships for other than scholarly works) when the aggregated value received from a publicly traded entity during the 12 month period preceding the disclosure, and the value of any equity interest during the 12 month period preceding or as of the date of disclosure, exceeds $5,000. These payments may include: consulting arrangements, payments for service on a board, advisory committee or review panel, including scientific or technical appointments, except as stated below, payments for lectures and similar public appearances, honoraria, paid authorship.  If Sponsor/Funding Agency is a non-publicly traded company- Salary or other payments for services, when the aggregated value received from a non-publicly traded company entity during the 12-month period preceding the disclosure exceeds $5,000. | YES -  NO |
| 1. **Reimbursed or Sponsored Travel**   Reimbursed or sponsored travel that is related to an investigator’s responsibilities for this study. This includes travel that is paid on behalf of the investigator and not reimbursed to the investigator so that the exact monetary value may not be readily available. However, this disclosure does not apply to travel reimbursed or sponsored by a Federal, state or local government agency, an institution of higher education as defined at 20 U.S.C.1001(a), an academic teaching hospitals, or a research institute that is affiliated with an institution of higher education. | YES -  NO |
| 1. **Equity Interests**   If Sponsor/Funding Agency is a non-publicly traded company, equity interests (e.g. stocks, stock options, or other ownership interests) of any value during the 12 month period preceding or as of the date of disclosure; or  If Sponsor/Funding Agency is a publicly traded company, equity interests (e.g. stocks, stock options, or other ownership interests) that exceeds $5,000 during the 12 month period preceding or as of the date of disclosure. | YES -  NO |
| 1. **Royalties/IP**   Income related to intellectual property rights and interests (e.g. patents, trademarks, service marks, and copyrights). | YES -  NO |
| 1. **Recruitment Bonuses**   Agreed to or plan to accept recruitment bonuses for enrolling subjects into this research study? | YES -  NO |
| 1. **Significant Payments of Other Sorts**   Any significant payments of other sorts not aforementioned including monetary values more than $5,000. These may be in forms such as a grant to fund ongoing research, compensation in the form of equipment or retainers for ongoing consultation, or honoraria. | YES -  NO |
| Note: If the answer to any above question is yes, that investigator with a financial disclosure must submit and attached an updated Disclosure of Financial Interest Form | |

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| **F. Signature and Attestations** | | |
| By signing this form, the signatory affirms that they attest to the accuracy and completeness of the information provided herein. | | |
| Signature: | | Date: |
| Name: |  | |
| Title: |  | |

**IRB Action \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Approved  More Information Requested

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