



CLINICAL SCIENCE RESEARCH & DEVELOPMENT SERVICE

TITLE OF PROJECT 	PROJECT ID
	REVIEW GROUP

REPORTING PERIOD (MM/DD/YYYY) FROM <input type="text"/> THROUGH <input type="text"/>	PROJECT PERIOD (MM/DD/YYYY) FROM <input type="text"/> THROUGH <input type="text"/>
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PRINCIPAL INVESTIGATOR

NAME (LAST, FIRST, MI) 	DEGREE(S)
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ADDRESS

CITY 	STATE 	ZIP CODE
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E-MAIL ADDRESS 	TELEPHONE NUMBER
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VA MEDICAL CENTER

NAME 	SITE NUMBER
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ADDRESS

CITY 	STATE 	ZIP CODE
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E-MAIL ADDRESS 	ACOS RESEARCH 	TELEPHONE NUMBER
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HUMAN SUBJECTS <input type="radio"/> NO <input type="radio"/> YES	RESEARCH EXEMPT <input type="radio"/> NO <input type="radio"/> YES	IF EXEMPT EXEMPTION # 	IF NOT EXEMPT:IRB APPROVAL DATE
			<input type="checkbox"/> FULL IRB <input type="checkbox"/> EXPEDITED REVIEW

DATA SAFETY MONITORING	<input type="checkbox"/> BY IRB	<input type="checkbox"/> BY INDEPENDENT DSMB
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INVENTIONS AND PATENTS <input type="radio"/> NO <input type="radio"/> YES	IF YES	<input type="checkbox"/> PREVIOUSLY REPORTED
		<input type="checkbox"/> NOT PREVIOUSLY REPORTED

PERFORMANCE SITE(S)

OFFICE LOCATION <input type="checkbox"/> VA <input type="checkbox"/> NON-VA	LABORATORY LOCATION <input type="checkbox"/> VA <input type="checkbox"/> NON-VA	IF "NON-VA" INCLUDE ADDRESS		
		ADDRESS 		
		CITY 	STATE 	ZIP CODE

PROGRESS REPORT SUMMARY	PROJECT ID	PERIOD COVERED BY THIS REPORT	
	<input type="text"/>	FROM <input type="text"/>	THROUGH <input type="text"/>
VA MEDICAL CENTER	PRINCIPAL INVESTIGATOR		
<input type="text"/>	<input type="text"/>		
TITLE OF PROJECT			
<input type="text"/>			
SUMMARY OF PROGRESS (LIMITED TO 500 WORDS) AND MAJOR FINDINGS, IF AVAILABLE. DESCRIBE ANY RECRUITMENT DIFFICULTIES AND WHAT IS BEING DONE TO ADDRESS THEM. STATE DATE OF MOST RECENT IRB AND/OR DSMB MEETING AND COMMITTEE RECOMMENDATIONS.			
<input type="text"/>			
INDICATE THE NUMBER OF RELATED PUBLICATIONS RESULTING DURING THIS PERIOD:			
SUBMITTED	<input type="text"/>	ACCEPTED	<input type="text"/>
		IN PRESS	<input type="text"/>
PROVIDE PRIMARY OUTCOME PUBLICATION CITATION; IF AVAILABLE, PLEASE ATTACH A COPY.			
ATTACHMENTS:			
<input type="text"/>			
ATTACHMENTS:			
<input type="checkbox"/> IRB AND/OR DSMB MINUTES (MOST RECENT) - ATTACH AS A SEPARATE FILE.			
<input type="checkbox"/> PRIMARY OUTCOME PAPER - ATTACH AS A SEPARATE FILE IF AVAILABLE.			