

Memorial Hospital at Gulfport
Research Oversight Committee

Continuing Review/Closure form

Name _____ Date _____

Study Title _____

Principal Investigator _____

1. What is the status of your project?
 - Active (still enrolling subjects)
 - Active with no suitable subjects enrolled within past 12 months. Request approval for continued activation. *See attached justification.
 - Closed to subject enrollment, but subjects still involved with procedures
 - All research interventions completed, but research open for follow-up of subjects
 - Requesting to close this study.
 - Study closed due to no enrollment of subjects for 12 months.
2. Have the procedures, informed consent document, or recruiting materials been modified in any way since last ROC review?
 - No.
 - Yes. If so, please summarize the changes and dates approved by IRB.
3. Provide the following information about subject enrollment:
 - Number of subjects approved for enrollment by IRB _____
 - Number of subjects who provided informed consent to participate in the study since initial approval _____
 - Number of subjects terminated from study (lost to follow-up, terminated by PI, withdrew consent, etc) _____
 - Number of subjects that have completed all study procedures and follow-up visits _____
 - Number of subjects currently participating in study-related activities _____
4. Provide a list of study-related adverse events.
5. Please provide a succinct narrative about interim/final study results and preliminary findings.

* *Written justification to remain open is to be submitted if no enrollment of subjects within previous 12 months.*