Walla Walla University
Ethics in Review Committee (EIRC)

Form A

Annual Review, Modification, Termination or Completion

General Information

Application request for:

☐ Modification    ☐ Annual Review    ☐ Research Termination    ☐ Research Completion

Title of Research Project:

________________________________________________________________________

Principle Investigator: ________________________________________________

Email: ______________________________________________________________

Phone #: ___________________________________________________________

Current Status of Project

☐ Project current in progress. Complete Sections 3 and 4.

☐ Project pending, anticipated start date is ____________________. Complete Sections 3 and 4.

☐ Changes are planned. Complete All Sections.

☐ Project completed. Complete Sections 3 and 4.
Section 1: Proposed Modifications

Modifications include but are not limited to changes in: change in title, investigators or research team members, purpose/scope of research, location changes/updates, recruitment procedures, subject population, data collection procedures, surveys or other data forms.

1. Has there been any change(s) to project which will affect human subject participation (e.g. purpose/scope of research, location changes/updates, recruitment procedures, subject population, or data collection procedures). Yes □ No □

   If yes, stop here. This will require a new EIRC application/proposal to be submitted along with this form. Complete section 4 of this form prior to submission.

2. Change to the project title, if different from your last approval. Yes □ No □

   If yes, please provide the new title:

3. Has there been any personnel/staff changes since the last approval granted? Yes □ No □

   If yes, please list the additions or deletions, names, roles in project:

4. Has your informed consent changed? Yes □ No □

   If yes, please submit one (1) copy of the new version with the requested changes highlighted and one (1) copy with the revisions, but do not highlight them.

5. Other change(s)? Yes □ No □

   Please explain these changes here:

Section 2: Risks & Benefits

1. Will the change(s) increase any risks or present any new risks (confidentiality, physical, psychological, or economic)? Yes □ No □

   If yes, provide a detailed explanation of how you will minimize these risks to participants including specific risks and corresponding safeguards:
Section 3: Continuation/Completion

1. Has this project been completed or terminated? **Yes** □ **No** □
   
   Please provide completion/termination date: __________________________
   
   If project was terminated and not completed, please provide rationale for termination:

2. Has this project been conducted in accordance with the most recent EIRC approval of this study? **Yes** □ **No** □
   
   If no, provide a detailed explanation and justification for the deviation:

3. Number of participants proposed/approved in the study: ______________
   
   Number of participants currently enrolled in the study: ______________
   
   If requesting continuation, number of additional participants requested to use in the next approval period (in addition to number already enrolled): ______________________

4. Please indicate your progress on the project to date. Include specific information on the recruitment and use of human subjects (1-2 paragraphs). You may attach a copy of your grant progress or publication if applicable.

5. Problems/Adverse Events:
   
   Were there any adverse events or unexpected problems involving the risks to subjects or others? **Yes** □ **No** □
   
   Did any subjects withdraw from the research before completion? **Yes** □ **No** □
   
   Have there been any complaints received about the research? **Yes** □ **No** □
   
   Were there problems recruiting subjects or obtaining consent? **Yes** □ **No** □
   
   If you answered yes to any of the above questions, please describe the events/problems, number of subjects involved, and the steps taken to resolve the situation:
If submitted by faculty or staff, electronic signatures are acceptable. If submitted by a student, please print out completed form, obtain the supervising faculty’s signature, scan and email completed form.

_____________________________________________________
Principle Investigator or Student

_____________________________________________________
Faculty Advisor (if applicable)

This box is for Walla Walla University’s – EIRC Office Use Only

Date Received: _______________________
□ Exempt □ Expedited □ Full Review

Request Type: □ Modification □ Annual Review □ Research Termination □ Research Completion

Date Approval Sent: _______________________

EIRC Committee Chair Signature: ______________________________________________________