



## IRB EXPIRED STUDY REPORT FORM

Protocol IRB#:

Principal Investigator Name:

For Student Investigators, list your Faculty Advisor:

Protocol Title:

Date of Expiration:

1. Were any subjects enrolled after the expiration date?

No

Yes; Please describe:

2. Were any research activities (e.g., study visits, chart reviews, and/or data analysis) using subject identifiable data, conducted after the expiration date?

No

Yes; Please describe:

3. Provide an explanation as to why a timely *HJAHC IRB Continuing Review Application* was not submitted prior to the expiration date.

4. Provide a corrective action plan describing how this will be prevented from occurring in the future.

*For any document to be modified, please submit two copies. On one copy, underline, and use boldface type to indicate revisions, and use strikethrough for deletions. And, include one copy using only plain font (or clean version).*

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Signature of Principal Investigator

Date

**NOTE:**

By e-signing this form you agree to abide by HJAHC IRB policies.