**Instructions: This institutional project update form should only be used for studies that no longer require annual continuing review by the R&D Committee (exempt studies, expedited studies that do not require continuing review by the IRB, or studies that are required to submit a progress report to the IRB).**

**Submit this form through IRBNet. An acknowledgement will be received through IRBNet after administrative review.**

**This form should only be used to submit institutional updates. Please complete and submit an amendment/modification request form to submit proposed changes to the research or an inactivation form to close the study.**

1. **Project and Investigator Information**

|  |  |
| --- | --- |
| **Project Number** | Click or tap here to enter text. |
| **VA Facility** | Click or tap here to enter text. |
| **Title of Project** | Click or tap here to enter text. |
| **Principal Investigator** | Click or tap here to enter text. |
| **PI Email** | Click or tap here to enter text. |
| **PI Telephone** | Click or tap here to enter text. |
| **Name of Point of Contact other than PI:** | Click or tap here to enter text. |
| **POC Email** | Click or tap here to enter text. |
| **POC Telephone** | Click or tap here to enter text. |

1. **Project Team Members**

**Have there been changes to study personnel?**

[ ]  No, Personnel on VA-Project Cover Sheet are current

[ ]  Yes, Submit a revised VA-Project Cover Sheet with this package

***Submit an updated Financial Conflict of Interest Form for all research investigators. This includes all PIs, Co-PIs, and Sub-Investigators. Please submit in electronic format only and do not lock document.***

***Note: Personnel on VA-Project Cover Sheet will be used to verify VA Research Privileges.***

1. **Updates Since last Report**

|  |
| --- |
| ***Please provide responses to the following questions.*** |
| 1. Please indicate the total number of participants, records/charts reviewed, or specimens received to date:

[ ]  Number of Veteran Participants or Veteran Records/Specimens [ ]  Number of Non-Veteran Participants or Non-Veteran Records/Specimens [ ]  Other [ ]  N/A 1. Is/was this project funded by any source?

[ ]  No. [ ]  Yes. If yes, please provide funding source & grant or funding #:   [ ]  Check if no cost extension1. Since the last review, have there been any budget changes or changes in requirements for space, personnel, equipment, or supplies that may impact the STVHCS?

 [ ]  No. [ ]  Yes. If yes, please explain:    |