

Original IRB#:
Original IRB approval date:
$\square$ 1st extension request
$\square$ 2nd extension request
Name of Researcher:
Faculty Supervisor (if appropriate):
Title of Research Project:
Number of participants enrolled to date
Number of participants who withdrew? Reasons if known:
Were there any unanticipated problems, or adverse events?   YES   NO  If yes is checked, please elaborate below.
Were there any changes in risks / benefits since last approval? $\Box$ YES $\Box$ NO If yes is checked, please elaborate below.
Were there any amendments to the procedures since last review? $\Box$ YES $\Box$ NO If yes is checked, please elaborate below.

IRB members: Amy Bradfield Douglass (co-chair); Todd Kahan (co-chair); Emily Kane (co-chair); Martin Kruse; Gwen Lexow; Roger Philippon; Bruno Salazar-Perea Updated 10/2025