

## **Interoffice Memo**

DATE:

PHONE:

## FROM: PRINCIPAL INVESTIGATOR

## **10: INSTITUTIONAL REVIEW BOARD**

## SUBJECT REQUEST FOR ANNUAL REVIEW OF APPROVED PROTOCOL

**Protocol #:** Click here to enter text.

Protocol Title: Click here to enter text.

To comply with regulations, the Institutional Review Board annually reviews previously approved research. Records indicate current approval for the above protocol, **expires on** 

**00/00/2023**. Therefore, the Annual Review Form below must be completed and **submitted to our office immediately** for review/approval at the upcoming IRB meeting.

Check one:  Study was completed -Date * Please provide copy of study findings/manuscript to IRB	
TERMINATED. Please list Termination Date:	and state reason:
Study is on-Going. Please approve for the upcoming year. *If study is on-going please provide status of project in the space below. Include total number of records reviewed	
Additional Comments	
Signature of Investigator:	Date:
APPROVED Signature: Michael M. Neeki, DO, MS, FACEP; IRB Chair	Date: