**The University of Vermont Committees on Human Research**

### Continuing Review of an Administrative Tool

Administrative Tool review is recognized by the IRB only as a compilation of research being conducted under a specific grant. When sponsors require an approval date of the administrative file we can now check on all the protocols tied to the grant to ensure that they also have approval. Incomplete forms will not be processed and will be returned to Principal Investigator for completion. All materials must be submitted electronically to the IRB via InfoEd. Proper security access is needed to make electronic submissions. Visit the [InfoEd Resource Materials](http://www.uvm.edu/~irb/?Page=infoed.html) page for more information.

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| **CHRMS or CHRBSS#** | | | | | | |  | | | | | | | | | | | **Review Period From:** | | | | | | |  | | | Date Form Completed: | | | | | |  | | |
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| **Protocol Title** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Principal Investigator** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Dept. | |  | | | | | | | | | | | | | | Phone Number | | | | | | |  | | | E-Mail | | |  | | | | | | |
|  | Campus Address: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Primary Contact Person for the Administrative Tool** (complete only if different than above) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Contact Full Name | | | | | | |  | | | | | | | | | | | | | | | Campus Phone Number/Pager | | | | | | | | |  | | | | | |
|  | Department / Address | | | | | | | | | | |  | | | | | | | | | | | Email | | |  | | | | | | | | | | | |
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| **1.** | **Status of the Administrative Tool** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | This file can be closed: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | The grant is complete | | | | | | | | | | | | |  | Protocols under the grant are now IRB approved | | | | | | | | | | | | | | | | |
|  |  | The grant is ongoing with separate human subject protocols as listed in section 2. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | List Sponsor | | | | | | |  | | | | | | | | | | | | List Infoed Proposal # | | | | | | | |  | | | | | | |
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| **2.** | **List the IRB Protocols** If all the protocols are not yet developed, indicate the anticipated number of studies to be submitted at a later date. ***Note: Each protocol under this administrative tool will require separate continuing review and/or closure.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **IRB #** | | | | **PI** | | | | | | | | | | | **Study Title** | | | | | | | | | | | | | | | | | **IRB Expire Date** | | | |
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| **3**. | **Have there been any changes to the scope of work or any problems encountered?**  (provide an explanation) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **4. Investigator’s Agreement** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | **By signing below, the Principal Investigator assures the information contained on this form is true and accurate.** | | | | | x |  |  |  | | Original Signature of PI |  | Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |