

CROUSE HOSPITAL
QUESTIONNAIRE TO CLINICAL INVESTIGATORS
INSTITUTIONAL REVIEW BOARD

*****PLEASE RETURN *****

TO: Clinical Investigators

FROM: Steven J. Gross, M.D., Chairman
Human Research Review Committee

DATE:

The Institutional Review Board is required to review all human research which has taken place at Crouse Hospital during the past twelve months. Please submit the information requested below to:

Martha Castle, RN
Institutional Review Board
Crouse Hospital
736 Irving Avenue
Room 4646, WT
Syracuse, New York 13210

1. **PRINCIPAL INVESTIGATOR:**
2. **CROUSE IRB PROJECT #:**
3. **TITLE OF PROJECT:**
4. **ORIGINAL APPROVAL DATE:**
5. **EXPIRATION DATE:**
6. How many subjects have been entered in this study at this site:
 - a. Since the last report ? _____
 - b. Since the study started? _____
7. Do you wish to continue to enroll new subjects during the coming twelve months?

YES _____ - If YES, go to Question 9.
NO _____ - If NO, go to Question 8.
8. If NO, Why: _____ - Go to Question 10.
9. If there have been no subjects entered in the past twelve months, and you wish to continue enrolling new subjects, please explain why you wish to continue.

10. Are there any patients already enrolled that you wish to continue to follow on study?
If the answer is yes, the study and annual reviews must remain open.

YES_____ NO_____

9. Have there been any complications or adverse reactions to any people admitted to this protocol since the last review?

YES_____ NO_____

If YES, please provide a brief summary of events even if previously submitted to the committee.

11. Have you presented or published a paper or an abstract regarding this project?

YES_____ NO_____ (If YES, please provide if not previously submitted)

ONE COPY OF THE CURRENT APPROVED CONSENT DOCUMENT AND ONE COPY OF AN UNSTAMPED CONSENT DOCUMENT MUST BE INCLUDED WITH THIS REPORT.

Signature: Principal Investigator

Date