



CHICAGO DEPARTMENT OF PUBLIC HEALTH



PERIODIC REVIEW FORM FOR RESEARCH INVOLVING HUMAN SUBJECTS

IRB # _____

Instructions: This form must be filled out completely. Incomplete forms will be returned. A copy of the research proposal and instruments are required. Submit the form in Word format and the proposed research project as PDF document to Chicago Department of Public Health (CDPH) Institutional Review Board (IRB) staff (see below).

Date: _____

Principal Investigator of Project:

Last Name First Name

Principal Investigator Title: _____

Mailing Address:

Address City State Zip Code

Email Address: _____

Telephone Number: _____

(ext.) _____ Other Phone#: _____

Co-Investigator:

Name Title

CDPH Sponsor: _____

School: _____

Project Title: _____

Funding Agency or Research Sponsor: [] Unfunded [] CDPH Funded [] Other specify below:

Date of initial project approval: _____

Date of last project approval: _____

Project Description

- A. Project activity status is (check one of four boxes, as appropriate):
[] Continuing: With no changes in procedures, risk, or class of human subjects since the last review.
[] Revised: Minor changes may be indicated on this form. For substantial changes, a new Human Subjects Review Form must be completed, indicating the manner in which the project was revised, and returned with this form. Complete this form also.
[] Never initiated: Work will not be done at this time. Sign on page two and return with this form. Complete this form also.
[] Completed: No further contract with human subject(s) is planned: Sign on page two and return this form through the appropriate offices for signature.

B. This project is being conducted at the following site(s):

- [] CDPH clinic: _____
[] CDPH field site: _____
[] In the field (non-CDPH clinical or CDPH field site): _____
[] Cermak Health Services/Cook County Jail (requires Hektoen IRB approval): _____
[] Other (specify) _____

Progress Report:

A. Number of Subjects studied to date: _____



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- Number of Subjects studied since the last review:
Number of Subjects yet to be studied:

- B. Have any Adverse Events been noted since the last review?
Were any of these Unanticipated Reactions? ("Unanticipated" being defined as not having been anticipated in the protocol nor stated in the consent form)

C. Provide a statement regarding the status of any drugs, biologics, or devices employed in the study.

D. Summary of Results to date:

- Attach a copy of your current consent form.
Attach copies of current IRB approval or renewal from collaborating institutions.
Attach copies of any abstracts or publications resulting from this work

Add any additional information that may be useful to the reviewers:

I certify that the approved protocol and approved method for obtaining informed consent have been followed during the period covered by this Progress Report.

Principle Investigator Date

Institutional Endorsements

Your endorsement is requested to assure the Institutional Review Board that your office is aware of the existence and status of this research activity:

CDPH Sponsor Date

Division Director Date

Submit to:
Joslyn James, Staff Assistant
Chicago Department of Public Health
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Chicago, Illinois 60604
Email: Joslyn.James@cityofchicago.org
(312) 747-8524