

Protocol Number: \_\_\_\_\_

Title: \_\_\_\_\_

Principal Investigator: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

List of Current Project Staff (please note, only those listed as the PI, Co-PI, alternate contact, advisor, and responsible physician will receive correspondence on the project):

Add Line	Name	UA Net ID	Research Role	CITI Training Date
Delete Line				

**Project Update**

1. Number of subjects enrolled: \_\_\_\_\_

2. Has there been a change in funding? \_\_\_\_\_

3. Please explain the status of future work planned for this protocol: \_\_\_\_\_

4. Current Protocol Status: \_\_\_\_\_

5. Has there been any unanticipated problems encountered?  Yes  No

**Other *required* items:**

- 1. If currently enrolling, please submit a copy of the consent form(s) in Word format.*
- 2. If your project involves Native Americans, please submit continued support/approval from the entity.*
- 3. If applicable, please submit new site authorizations for external **locations** where research is occurring at.*

*Once this form and required documents are ready, please send to the departmental email account at [vpr-irb@email.arizona.edu](mailto:vpr-irb@email.arizona.edu).*

Principal Investigator

I certify that the information I provide in this update is correct and complete in accordance to UA polices and procedures.

Attestation of Principal Investigator

\_\_\_\_\_  
 Typed name of Principal Investigator

\_\_\_\_\_  
 Date