

**The Wright Center for Graduate Medical Education  
Institutional Review Board  
WCGME-IRB**

**COMBINATION REPORT FORM**

Investigator's Name: _____	Date: _____
Sponsor: _____	Protocol No.: _____
Study Title: _____	

Our records indicate that your site approval for the above study will expire soon. If you intend to request an extension you must do so using this form. If your study is completed, you must submit your final using this form. **In order to process your request, every question on this form must be complete and signed.** Thank you!

**Request for extension:** Yes\_\_\_ No\_\_\_ **Request to increase number of patients to:** \_\_\_\_\_

**Final Report:** Yes\_\_\_ No\_\_\_ **Is the study permanently closed to enrollment?** Yes\_\_\_ No\_\_\_

1. Has the study begun?	Yes___	No___
2. Have all subjects completed all research-related interventions?	Yes___	No___
2.1. Does the research at this site remain active only for long-term follow-up?	Yes___	No___
3. Number of participants enrolled? _____ Following _____patients?	___ Review in one year.	___ No further review necessary.
4. Have there been any dropouts?	Yes___ (Please attach list of subject numbers/initials and reasons for discontinuation.) No___	
5. Have there been any deaths, hospitalizations, or serious illnesses of study subjects at your site, <u>whether or not they are study related</u> , not reported to the WCGME-IRB?	Yes___ (Please attach list by subject number/initials, date and event being reported.) No___	
6. Have there been any changes in the protocol or consent form not reported to the WCGME-IRB?	Yes___ (If yes, please attach changes.) No___	
7. Have there been any changes in the community's attitude toward research since you initially applied to us for approval?	Yes___ (If yes, please attach statements.) No___	

<i>To be completed by the Principal Investigator or Designee.</i>	
Signed: _____	Date _____
Address: _____	
Telephone: _____	Fax: _____