Project Update Form

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):

<table>
<thead>
<tr>
<th>Add Line</th>
<th>Name</th>
<th>UA Net ID</th>
<th>Research Role</th>
<th>CITI Training Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delete Line</td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

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.

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 ____________________________