INSTITUTIONAL REVIEW BOARD
PENN STATE COLLEGE OF MEDICINE
PENN STATE MILTON S. HERSHEY MEDICAL CENTER

CONTINUING PROGRESS REPORT

PRINCIPAL INVESTIGATOR'S ASSURANCE STATEMENT

I certify that:

- **The information contained in the progress report represents an accurate and complete description of the research;**
- **The human research data collected in this project are collected, transferred and/or stored according to IRB's policies on data security and integrity;**
- **The consent form currently reflects any and all modifications;**
- **And (initial only one box where relevant)**

For studies in which consent is documented with a signed consent form:

In accord with requirements for written informed consent:	
_____ (initials)	Under federal mandate, there is a signed consent form on file with the principal investigator for every subject at PSHMC/COM. *(Do not initial if no subjects enrolled.)*
AND	
_____ (initials)	Under federal mandate, each subject has received a signed copy of the consent form used in this study. *(Do not initial if no subjects enrolled.)*

OR

For studies in which the IRB waived the requirement for a signed consent document, i.e., verbal or implied consent was obtained from subjects:

In accord with requirements for verbal or implied informed consent:	
_____ (initials)	Each subject provided prospective verbal or implied consent.
AND	
_____ (initials)	When required by the IRB, each subject received a written summary of the research. *(Do not initial if the IRB did not require subjects to receive a written summary.)*

OR

For studies in which the IRB granted a waiver or alteration of the informed consent requirement:

_____ (initials)	The IRB, according to criteria justifying waiver of informed consent, approved the study without a need to obtain consent from subjects.

Exceptions to the above:

IRB No.: _____

Principal Investigator (printed/typed name): _____

Original Signature of PI _____ Date _____
(No proxy or stamped signatures)

Mail Code: _____ Phone: _____ Pager: _____ Fax: _____