**PERIODIC REVIEW FORM/HUMAN SUBJECTS REVIEW**

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**\* *THIS FORM MUST BE TYPED\****

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| To:: |  | | | | |  | Date: |  | |
| Title of Proposal: | |  | | | | | | | |
| Original Approval Date: | | |  |  | Continuation Date: | | | |  |

1. What is the present status of this project? Continuing  Concluded

If **continuing**, have there been any substantive changes? Yes  No

1. Is the consent form as approved by the HSRC still being used? Yes  No

If **no**, has a new form been approved? Yes  No

1. Have any problems arisen in regard to the participation and safety of the people used as subjects in this project? Yes  No

If **yes**, was it reported to Yavapai College? Yes  No

If yes, please list the problems.

|  |
| --- |
|  |

1. Has there been any psychological or physical injury to any subject? Yes  No
2. Where are the signed consent forms presently being filed?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Building: |  | | | |  | Room: |  |
| Person maintaining them? | | | Researcher |  | | Other |  |
| Specify Other: | |  | | | | | |

SIGNATURES:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Researcher |  | Date |
|  |  |  |
| Department Chair (if Yavapai College faculty member) |  | Date |

Please return to:

Director, Office of Institutional Research

Yavapai College

1100 E. Sheldon St., Bldg. 30 - 119

Prescott, AZ 86301