**ADMINISTRATIVE CHECK-IN FORM**

***Instructions:***Investigators conducting research at North Memorial Health (NMH) under the oversight of an external IRB or conducting ongoing exempt research must complete this form annually and submit it to the NMH Research Office. If the reviewing IRB conducts annual continuing review of your study, include a copy of the most recent continuing review approval letter with this form. Email the form to Research.Office@northmemorial.com.

**Section A: Investigator Information**

|  |  |
| --- | --- |
| Name of Principal Investigator (PI) |  |
| Email address of PI  |  |
| Phone number of PI  |  |
| List any additional contact persons (e.g., study coordinator), including their name and contact information  |  |

**Section B: Study Information**

|  |  |
| --- | --- |
| Study Title |  |
| NMH Protocol Number  |  |
| Name of Reviewing IRB |  |
| Date Form Completed |  |

**Section C: Local Study Team Information**

List all study team members currently engaged in this research. It is the PI’s responsibility to ensure that each study team member has current human subjects protections training and has a current COI disclosure.

|  |  |  |  |
| --- | --- | --- | --- |
| **Study team member name** | **Role in the research** | **Current human subjects training? Y/N** | **Conflict of interest related to this research? Y/N** |
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**Section D: Study Status**

[ ]  The study is active at NMH. Please check the most appropriate status of the NMH site below.

 [ ]  The NMH site is open to enrollment and/or reviewing records.

 [ ]  The NMH site is closed to enrollment, but subjects are still receiving research-related interventions or procedures.

 [ ]  The NMH site remains active only for long-term follow-up of subjects.

[ ]  Research activity is limited to data analysis.

[ ]  No subjects have been enrolled at NMH.

[ ]  The NMH site has closed (i.e., all data analysis is complete at NMH, and the reviewing IRB has provided a letter documenting closure of the protocol at NMH).

**Section E: Reportable Events**

During the most recent review period, have any of the following occurred locally: Unanticipated problem, serious/continuing non-compliance, or unresolved participant complaint?

[ ]  Yes, and I have provided a description of the event in the text box below.

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|  |

[ ]  No.

**Signature of PI:**

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Signature Date