

**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, whether or not they are study related, 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___

To be completed by the Principal Investigator or Designee.

Signed: _____ Date _____

Address: _____

Telephone: _____ **Fax:** _____

**Administrative Offices • 501 Madison Avenue • Scranton, PA 18510
Phone: 570-343-2383 x2261 • FAX 570-207-4025 • e-mail stanglineg@thewrightcenter.org**

Version: 11/09/2013