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| **May be used for both continuing review and as a final report to close a protocol****Expand the table as needed and submit with your application for Continuing Review.** |
| **IRB Number:** |       |
| **Protocol Name:** |       |
| **Principal Investigator Name:** |       |
| **Use the space below to list all new information items reported to the IRB that occurred during the current approval period.**  |
| **Date PI became Aware of Event** | **Date of IRB Submission** | **Brief Description of Information** | **Resolution/Corrective Action Plan** | **IRB Determination** |
|       |       |       |       |       |
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| **Use the space below to list all minor deviations that have not yet been reported to the IRB if required by the Sponsor.** |
| **Date PI became Aware of Event** | **Brief Description of Information** |
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