1. **Study Information**

OSDH IRB number:

Study Title:

Principal Investigator:

Mailing address:

Email Address:       Telephone:

1. **Status of study**

[ ]  Study is ongoing.

[ ]  Study is complete, please close.

# Study results

If study *completed,* summarize results.

Have there been any study-related reports or publications released since initial approval or your last review?

[ ]  Yes. *Attach copies of study-related reports or publications.*

[ ]  No

Signature of Principal Investigator Date

Please return to: OSDH IRB

Oklahoma State Department of Health

 1000 NE 10th Street

 Oklahoma City, OK 73117

*or* email to: IRB@health.ok.gov