



**TITLE of Clinical Research Study\***

**Principal Investigator's Name / Credentials\***

**Methodist IRB ID#\***

**Date of Original Methodist IRB Approval\***

**Current Approved Study Enrollment Status\***

Open

Closed

**Total Subjects enrolled locally, to date\***

**Total Subjects enrolled globally, to date\***

**Status To Change\***

**Submission to IRB Date\***

**Are Subjects still participating in Study conduct?\***

If yes, provide details.

No

N/A

Yes

**Are Subjects still being followed or tracked for data or analysis purposes?\***

If yes, provide details.

No

N/A

Yes

### Documentation

List any documents submitted with this request

### Investigator's Certification\*

I certify the provided information on this form is complete and accurate to the best of my knowledge. I will advise The Nebraska Methodist Institutional Review Board of any changes to the above completed fields when I become aware.

**Signature of Principal Investigator or designee\*/\*\***

**Printed Name of Principal Investigator or delegated staff\***

**Title of Principal Investigator or delegated staff\***

**Date** (If not provided above)

\* required field

\*\* An electronic signature or typed name constitutes a binding electronic signature for this study.