***[ ]* ANNUAL PROGRESS REPORT**

***[ ]* FINAL REPORT**

**Email this form and all study documents in Microsoft® Word format to** **mhadmhasirb@ct.gov**

**TITLE OF STUDY:**

**DATE OF APPLICATION:**

**DMHAS STUDY NUMBER:**

**PRINCIPAL INVESTIGATOR**

 **Name and title:**

 **Institutional Affiliation:**

 **Phone:**

 **E-mail:**

**ALTERNATE CONTACT IF APPLICABLE**

 **Name and title:**

 **Institutional Affiliation:**

 **Phone:**

 **E-mail:**

**ANTICIPATED OR ACTUAL END DATE OF STUDY:**

**CURRENT RESEARCH ACTIVITIES:**

**Is the study permanently closed to enrollment of new participants? [ ] Yes [ ] No**

**Is the remaining research activity limited to data analysis only? [ ] Yes [ ] No**

**If yes, have all identifiers or links to identifiers been removed from the data being analyzed?**

**[ ] Yes [ ] No.**

**NOTE: If all data has been de-identified with no way to link the data to participants, a Final Report should be submitted at this time.**

**STUDY PROGRESS:**

**Brief summary of the course of the study so far including the experience of the participants:**

**FINDINGS TO DATE:**

**Brief summary of findings to date:**

**ONGOING CONSENT**

**Please describe the manner in ongoing consent is being obtained from participants:**

**ONGOING CONFIDENTIALITY PROTECTIONS:**

**Please describe the manner in which computer and non-computer research data is being stored to ensure security and confidentiality:**

**By printing my name below, I certify the following:**

* ***No changes in IRB approved staff, procedures, methods, informed consent forms, other study documents, or materials signed, seen or heard by participants, including instruments, will be made without prior IRB approval.***
* ***I will promptly report to the DMHAS IRB any protocol deviations, adverse events, participant complaints, or unanticipated problems involving risks to subjects or others participating in the approved research.***
* ***I will comply with the requirements of the DMHAS Commissioner's IRB Policy Chapter 8.1 and HHS regulations at 45 CFR 46 Protection of Human Subjects.***

**Principal Investigator Name Date Time**