**Institutional Review Board**

3600 Civic Center Blvd. 9th Floor

Philadelphia, PA 19104-6006

Phone: 215-573-2540

**Prime/Umbrella Grant Continuing Review Form**

GRANT TITLE**:**

PROTOCOL **#:**

PRINCIPAL INVESTIGATOR**:**

EXPIRATION DATE**:**

|  |  |
| --- | --- |
| 1. **Who should the IRB contact with questions?** | |
| Name: | Telephone: |
| Penn Email: | |

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| --- |
| 1. **Status of active umbrella or prime grant:** Check the one choice that best describes the current status of this umbrella or prime grant. |
| This Umbrella is for a training grant or other grant requiring IRB review that may or may not involve human participants’ sub-studies.    The sub-studies associated with this grant that involve human participants have undergone separate IRB initial and continuing review. Please note: renewal of the Umbrella or Prime Grant is contingent upon relying studies having current IRB approval. |
| List the relying protocol numbers and expiration dates of the sub-studies associated with this Umbrella (may attach list, if preferred or if more than 5 protocols are covered by this grant):  Protocol#:  Expiration Date:  Protocol#:  Expiration Date:  Protocol#:  Expiration Date:  Protocol#:  Expiration Date:  Protocol#:  Expiration Date: |
| **CLOSE THE UMBRELLA OR PRIME GRANT**  Close the Umbrella or Prime Grant as it is no longer necessary for funding purposes. |

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| 1. **CR Form Completion: NOT REQUIRED WHEN SUBMITTING VIA HSERA.**   By signing this form, the principal investigator and the person completing the form (if other than the investigator) certify that he/she/they has disclosed to the IRB all relevant information that might affect re- approval of this study. ([Click to review PI responsibilities](http://www.upenn.edu/IRB/mission-institutional-review-board-irb/guidance/agreements)) |

Name of person completing this form:

Signature of person completing this form:

Principal Investigator Name:

Principal Investigator Signature:

Date:

|  |
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| **EXPEDITED AND ADMINISTRATIVE IRB USE ONLY** |

**APPROVED VIA EXPEDITED IRB REVIEW:**

**Issues Identified – Referred to IRB staff with instructions**

**Reviewer notes:**

**Signature of Expedited Approver: DATE:**