**EXPIRED STUDY REPORT (Form 3.9)**

**TO THE PRINCIPAL INVESTIGATOR:** TYPE *CLEARLY ALL PORTIONS OF THIS FORM. SPECIFY YOUR ANSWER IN THE SPACE PROVIDED. PRINT NAME, DATE AND SIGN THIS FORM. INDICATE WITH A (✓) CHECK MARK THE APPROPRIATE TICK BOX.*

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| **Date of Submission (MMM/DD/YYYY)** | Click here to enter text. | **IRB Protocol Number** | Click here to enter text. |

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| **Sponsor** | Click here to enter text. | **Sponsor’s Protocol Number** | Click here to enter text. |

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| **Principal Investigator** | Click here to enter text. | **Co-investigator(s)**  **(if any)** | Click here to enter text. |

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| **Protocol Title** | Click here to enter text. |

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| **Date of Initial Approval of Protocol (MMM/DD/YYYY)** | Click here to enter text. |

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| **Were any subjects enrolled after the expiration date?** | **No**  **Yes** |

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| **Were any research activities (study visits, chart reviews, data analysis using subject identifiable data, etc.) conducted after the expiration date?** | **No**  **Yes** | **If YES, provide a description of these activities:** |  |

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| **Provide an explanation why a timely Continuing Review Application (Form 3.3A) was not submitted prior to the expiration date:** |
| Click here to enter text. |

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| **Provide a corrective action plan describing how this can be prevented from occurring in the future:** |
| Click here to enter text. |

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| **Principal Investigator’s Name** | **Signature** | **Date (MMM/DD/YYYY)** |
| Click here to enter text. |  | Click here to enter text. |