**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.*

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

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

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

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

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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:** |       |

|  |
| --- |
| **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. |

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

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