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|  **May be used for both continuing review and as a final report to close a protocol** |
| **IRB Number:** |       |
| **Protocol Name:** |       |
| **Principal Investigator Name:** |       |
| **Using the table below, please summarize all new information items reported to the IRB in the past year on the Reportable New Information Form (HRP-214). Please expand the table as needed, and include with your completed Continuing Review Progress Report (HRP-212).** |
| **Date PI became Aware of Event** | **Date of IRB Submission** | **Brief Description of Information** | **Resolution/Corrective Action Plan** | **IRB Determination** |
|       |       |       |       |       |
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