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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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