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|  | **Human Stem Cell Research Oversight (hSCRO)**  **Continuing Protocol Review**  *Version June 2020* | |
| Submit this application and any supplemental documentation to the hSCRO Administrator ([OR-hSCRO@exchange.uci.edu](mailto:OR-hSCRO@exchange.uci.edu)) | | **hSCRO#:** |

**SECTION 1: INVESTIGATOR AND STUDY INFORMATION**

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| Provide the following information for this study: |
| PRINCIPAL INVESTIGATOR: <Type here>  DEPARTMENT OR RESEARCH UNIT: <Type here>  STUDY TITLE: <Type here>  FUNDING SOURCE: <Type here>  Please provide the following information related to review by other committees, as applicable:  Institutional Biosafety Committee (IBC) protocol number: <Type here> or leave blank if not applicable      IBC Approval Date: <Type here> IBC Expiration Date: <Type here>  Institutional Animal Care and Use Committee (IACUC) protocol number: <Type here> or leave blank if not applicable    IACUC Approval Date: <Type here> IACUC Expiration Date: <Type here> |

**SECTION 2: STATUS OF PROTOCOL AT CONTINUING REVIEW**

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| Check all boxes that represent the current status of the study. Please do NOT check boxes that do not apply to the study. |
| **Use of Existing Human Tissue and Stem Cell Lines**  has not yet begun  is ongoing  is complete  **Derivation/Creation of New Stem Cell lines**  has not yet begun  is ongoing  is complete  **Collection of Human Gametes and/or Embryos**  has not yet begun  is ongoing  is complete  **Collection or Experimental Use of Embryonic or Fetal Tissue**  has not yet begun  is ongoing  is complete |

**SECTION 3: PROGRESS REPORT**

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| Provide a description of the progress of the study (this summary should not exceed more than ½ a page).   * Provide information about how the materials were used during the last year; discuss activities involving animals, anticipated or unanticipated cell functions and any unanticipated differentiation patterns. * Include a brief summary of any interim findings or trends, and specific plans for the next approval period. * Include a discussion about the number of cell lines/gametes/embryos used and the number of the cell lines derived, if applicable. * **Note**: if this protocol includes the generation of new induced pluripotent stem (iPS) cell lines from ongoing specimen collection protocols approved by UCI IRB, please update your cell tracking table with new iPS cell lines. For all other cell lines revisions to add or remove cell lines, please submit a modification application. |
| <Type here> |
| Publications and Presentations: Provide citations for any publications or presentations resulting from this study since the last hSCRO review. If no publications/presentations resulted, indicate “none”. |
| <Type here> |

**SECTION 4: LEAD RESEARCHER CERTIFICATION STATEMENT**

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| I certify that the information contained herein is true and accurate to the best of my knowledge.  I confirm this application for continuing review accurately reflects the current research activities associated with this protocol.  I understand that if any changes need to be made, I should obtain approval for the change(s) via modification request prior to seeking continuing review or hold proposed changes until after continuing approval has been granted. |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_  **Signature of Lead Researcher Date**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_  **Signature of Faculty Sponsor Date**  *(if a Faculty Sponsor is required)* |