



**COUNTY OF ORANGE HEALTH CARE AGENCY  
HUMAN SUBJECTS REVIEW COMMITTEE/IRB**

**Status Report**  
(Amendment Cover Sheet)

PRINCIPAL INVESTIGATOR:  
TITLE OF RESEARCH:

Project Start Date:

Number to Subjects Accrued to Date:

Anticipated End Date:

Expected Total Number of Subjects:

**PROJECT SUMMARY.** Briefly describe the project.

**PROGRESS.** Describe the progress of the project and any preliminary findings.

**ADVERSE EVENTS.** Describe any adverse events or unanticipated problems involving risks to subjects or others, withdrawal of subjects from the research, or complaints about the research. List events, severity, resolution, and number of subjects affected.

**RECENT LITERATURE.** Summarize any recent literature, findings, or other relevant information on risks associated with the research. If applicable, attach a copy of any public reports or publications regarding this study that you have produced during the progress of this research project.

**INFORMED CONSENT.** Attach a copy of the current informed consent document. Has the consent document or consent procedure, previously approved by the Human Subjects Review Committee, changed? If yes, how?

**OTHER UPDATES.** Please describe any other relevant changes or updates to the project, including changes to the principal investigator, key personnel, recruitment procedures, study sponsor and funding, etc. Note that modifications to project requires HSRC review *before* the changes take effect, except in cases regarding the safety of subjects.

Signature: \_\_\_\_\_

Today's Date: 3/6/2025

Typed Name: \_\_\_\_\_

Phone: \_\_\_\_\_

*Attach additional pages as needed.*