**IRB-HSR GRANT #:      \_\_\_\_\_\_\_\_\_\_\_ Meeting Date:      \_\_\_\_\_\_**  **Administrative Certification**

*NOTE: No training certification is required for grant continuations.*

|  |  |  |
| --- | --- | --- |
| **OK?** | **Review Criteria:** | **Approval Comment/Review tips** |
|  | Review Current Status checked on the Status form. This information should be consistent with the information about affiliated protocols. | |
| |  |  |  | | --- | --- | --- | |  | No Change | | |  | If Status is anything OTHER than NO indicate below and update database. Add the approval comment indicated | **Approval Form Comment:** Grant Status updated from \_\_\_ to \_\_\_\_\_ per Status Form OR Administratively updated to X because of Y | | Current Status | | | | Funding Pending | | No Cost Extension | | Funded – Pending Protocol Approval | | Grant Completed - Close | | Funded – Active Protocols | |  | | Funded Training Grant | | Never Funded - Close | | | |
|  | **Re-Opening?** 2 Events required:  Continuation -Administrative Certification  Approval Grant Reopening – Expedited – agenda | **Reopening Approval Form Comment:**  This grant was closed/expired on (insert date). The grant is now reopened with a status of (insert). |
| NA | Confirm Annual Report to the funding source is received OR because funding source is an internal group, a cooperative group or the grant has a no cost extension, this report is not required. | **Approval Form Comment:**  The annual report to the funding agency accompanies this submission. |
| NA | Enter the Grant # provided by the sponsor into IRB Online. If the Grant # is already entered, confirm that any new documents submitted contain the same Grant OR confirm this is NA because no annual report was received. | *If the grant number changes this grant should be closed and a new grant IRB submission may be required*.) |
| NA | Verify if status form is removing protocols from grants:  If YES the study team should be advised to submit a modification to remove the funding source if there is no other grant form this funding source supporting the study. Add a comment to the Protocol main page noting this request was has been made. Also add the comment to the Approval Form Comment for this continuation. | **Approval Form Comment:**  (insert IRB #) was removed from this GRANT per Status Form |
| NA | Verify if status form is adding protocols from grants:  If YES the study team should be advised to submit a modification to add the funding source. Add a comment to the Protocol main page noting this request was has been made. Also add the comment to the Approval Form Comment for this continuation. | **Approval Form Comment:**  (insert IRB #) was added to this GRANT per Status Form |
| NA | If the Status Form confirms there are no existing IRB approved protocols that will be funded by this grant insert the following comment into the assurance/ certification form: | The above referenced grant has been previously reviewed by the IRB-HSR The IRB-HSR certifies the following:   * The Principal Investigator (PI) attests that no human subject research planned under this grant is currently taking place for the IRB-HSR to approve and oversee. * The PI also attests that an IRB protocol approval will be obtained prior to the initiation of the human subject research described in this grant and that these protocols will be consistent with the aims of this grant. |
| NA | If the Status Form identifies existing protocols covering human subject research under this grant insert the following comment into the assurance/certification form: | The above referenced grant has been previously reviewed by the IRB-HSR The IRB-HSR certifies the following:   * The Principal Investigator (PI) attests that he/she has IRB-HSR protocol approval to conduct the human subject research planned under this grant. * The following IRB-HSR protocol3(s) (**INSERT NUMBERS**) will be funded by this grant. * The PI attests that these protocols are consistent with the aims of this grant. * The PI attests that IRB approval will be obtained prior to the initiation of any additional human subject research as described in this grant application.   The PI also attests that an IRB protocol approval will be obtained prior to the initiation of any additional human subject research described in this grant and that these protocols will also be consistent with the aims of this grant |
|  | From the Meeting Continuation view change the responses to Y/N. Change event to ADMINISTRATIVE CERTIFICATION and enter the approval/certification date. | |
| Print and sign the Approval Grant Continuation Assurance Form. | | |
| **Name of Administrative Staff who completed this form:** | | |

Version date: 10/03/14