If the Human Studies Program (HSP) has approved your request of Section 118 designation for an institutional type grant or a training grant, you must file this annual report to the HSP before the expiration date of the designation.

HSP#

|  |
| --- |
| 1. Grant Title (same as in your grant application): **Click here to enter text.** |
|  |
| 2. Institution Name: Click here to enter text.  | 3. Principal Investigator (PI) Name: Click here to enter text.  |
| 4. PI Phone Number: Click here to enter text. | 5. PI Email Address: Click here to enter text. |
|  |
| 6. Name of federal Funding agency: Click here to enter text. | 7. Expiration date of your Section 118 designation: Click here to enter text. |
|  |
| 8. List all subgrants funded by your grant during the past year. This includes all human subject research, and non-human subject research funded by this grant. (you can instead attach the list to this form with the following required information: |
| Total number of subgrants during the past year:  |
| HSP #, if any | Sub-grant project title | PI for the subgrant | Current approval date of the subgrant study by the IRB (List the IRB as well, if not UH IRB)\* |
|  | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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|  | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**For any subgrants listed above where IRB authorization was ceded to another institution, attach a copy of the current approval letter from the approving IRB, to this form.**

**\***If IRB authorization has not yet been obtained, note “**Pending**” in lieu of the approval date.

**By signing below, I certify that no human subjects will be enrolled or no data will be collected from human subjects in any subgrant study before the study is reviewed and approved by an authorized IRB.**

PI Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For completion by the HSP staff:

Is the annual report satisfactory? ☐ Yes. The new expiration date: Click here to enter text.

 ☐ No. Comments: Click here to enter text.

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