

**HUMAN SUBJECTS STATUS REPORT – PLEASE RESPOND PROMPTLY**

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BOX FOR COMMITTEE USE ONLY  
MASTER  COMM.  INVEST.   
**06-1345-C02**  
APPLICATION NO.

Community-level RCT of Expedited Partner Therapy HSC #06-1345-C 01

Human subjects approval for this activity expires on <sup>9/28/06</sup>~~9/10/06~~. Please complete this form according to the instructions below and send it to the Human Subjects Division, Box 351412, at least **six weeks before the expiration date**. This Status Report form and other Human Subjects Division forms are available on our web site, <http://depts.washington.edu/hsd>. Please note: You may not recruit new human subjects or continue your activity with previously enrolled subjects unless you have active human subjects approval.

**DO NOT RENEW:** Send **one** typed, completed and signed original Status Report form. Please note that you should maintain approval until the data analysis for this activity is complete.

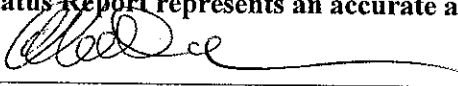
**RENEW:** Send **one** typed, completed and signed original and **eight** copies of the Status Report plus **nine** copies of each currently approved consent and assent form (and HIPAA authorization form, if you are using one). [NOTE: for Committee E applications (e.g. 99-0000-E 01), send **one original** and **one copy** of the Status Report and **two copies** of each consent and assent form you are currently using].

**PLEASE NOTE:** If you plan to propose changes or add new funding, send them under separate cover, not with the Status Report. Use the Modification form and submit it to the Human Subjects. You can download this form from our website at <http://depts.washington.edu/hsd/formin.htm>.

- Status Report Checklist**
- \*Nine single-sided copies\* of Status Report, signed by the principal investigator
  - Nine single-sided copies\* of the currently approved consent and assent forms
  - \*two copies only for Committee E applications (extra copies are recycled)
  - One copy of each manuscript since last approval, if applicable
  - Status Report typed, not handwritten (Handwritten forms will be returned)
  - Radiation Safety Committee (543-0463) renewal requested, if appropriate
  - All forms collated to create nine review packets

RECEIVED  
Human Subjects Division  
AUG 16 2006  
UW

**I acknowledge that this Status Report represents an accurate and complete description of my research.**

Matthew Golden  8/11/06  
Typed name and original inked signature of principal investigator Date

BOX FOR COMMITTEE USE ONLY  
Sara Webb / EP 9/14/2006 Approve  Disapprove   
Human Subjects Review Committee Signature Date  
Subject to the following conditions: \_\_\_\_\_  
Period of approval is one year, from 9/29/2006 through 9/28/2007

**\*VALID ONLY AS LONG AS APPROVED PROCEDURES ARE FOLLOWED\***

University of Washington, Human Subjects Division, Box 351412, 3945 15th Avenue NE, Seattle, WA. 98105-6607  
Phone: 543-0098 Fax: 543-9218 email: [hsd@u.washington.edu](mailto:hsd@u.washington.edu) web page: <http://depts.washington.edu/hsd>

# Status Report Form

Version 4.5

**W** UNIVERSITY of WASHINGTON

Human Subjects Division

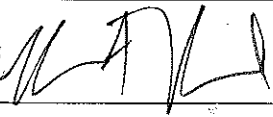
Box 359470


Seattle, WA 98195-9470

Phone: 206-543-0098

Fax: 206-543-9218

For definitions, see the second to last page. For instructions on how to complete this form, see the last page.

For HSD Office Use Only		Date Received:
<input type="checkbox"/> Master Copy	<input checked="" type="checkbox"/> Approved	RECEIVED Human Subjects Division  AUG 27 2013  UW DORA CRR # 8
<input type="checkbox"/> IRB Working Copy	<input type="checkbox"/> Disapproved	
<input type="checkbox"/> Researcher Copy	<input type="checkbox"/> Withdrawn	
<input type="checkbox"/> Full IRB Review Required		
<input checked="" type="checkbox"/> Expedited Review		
Approval period from: SEP 30 2013	To: SEP 29 2014	
Date of IRB action: SEP 05 2013	Printed name: Kristin Ruhl	
IRB Chair or Designee Signature: 		
Notes:		

Research Study Information			
Submission Reason	<input checked="" type="checkbox"/> RENEW IRB application	<input type="checkbox"/> CLOSE IRB application	
Expiration date of IRB approval	9/29/2013		
IRB Application #	29923	IRB Committee	
IRB Application Title	Community-level RCT of expedited partner therapy		
Lead Researcher Name	Matthew Golden	Contact Name	
Position and/or academic appointment	Professor, Director, Public Health - Seattle & King County HIV/STD Program	Position and/or academic appointment	
Department/Division	Medicine	Department/Division	
Phone #	206-744-6829	Phone #	
Fax #	206-744-4151	Fax #	
Campus Box #	359777	Campus Box #	
Street address, if applicable		Street address, if applicable	
Email	golden@u.washington.edu	Email	
<input type="checkbox"/> Person completing this form is the same as the Lead Researcher		<input type="checkbox"/> Person completing this form is the same as the Contact	
Name of Person Completing This Form (If not Lead Researcher or Contact):		Email:	Phone:
<b>Name and Mailing Address for all paper-based correspondence</b> (if blank, correspondence will be directed to contact person, or lead researcher if no contact person)			
Name:	Campus Box#:	Other address if not at UW:	