Your Add Health annual report is due each year on or before the anniversary of the initial date of the Contract Period.

Please complete each section below.

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| --- | --- | --- |
| **principal investigator** | **contract #** | **date of report** |
|  |  |  |

| **1. Current IRB letter of approval or exemption for the research project *(only one is required, with PI’s name referenced)*** | | |
| --- | --- | --- |
| I have submitted the current IRB approval or exemption letter. *(not required if terminating contract)* | **yes** | **no** |

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| **2. List of public presentations at professional meetings *(since your last report)* using results based on the Add Health Data Files**  *include:* TITLE of your presentation ALL AUTHORS DATE GIVEN NAME of the conference YEAR LOCATION | |
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| **3. List of papers accepted for publication *(since your last report)* using the Add Health Data Files**  *include:* DOI COMPLETE CITATION | |
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| **4. List of grants that have been awarded *(since your last report)* for use of the Add Health Data Files** | |
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| **5. List of dissertations and theses completed *(since your last report)* using the Add Health Data Files**  *include:* LINK TO THE DOCUMENT (if available) COMPLETE CITATION | |
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| **6. Current list of others associated with your contract** *(do not list the PI)***:**  researchers *(those users who are authorized to access the Add Health Data Files)* collaborators *(those users who consult or mentor but who do not access the Add Health Data Files)* admin supportit staffofficemates | | |
| name of user | role |
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| **7. List of those no longer associated with your contract *(since your last report)*** | | | |
| name of user | | role (researcher.......collaborator.......admin support.......it staff.......officemate) |
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