

AMERICAN COLLEGE FOR ADVANCEMENT IN MEDICINE
INSTITUTIONAL REVIEW BOARD

DATE: November 29, 1995

TO:

FROM: Ralph A. Miranda, MD, FACAM, Chairman - Institutional Review Board

SUBJECT: Monitoring of Protocol Activity

PROTOCOL: Chelation Therapy for Arteriosclerotic Disease

PERIOD MONITORED: November 5, 1994 through November 5, 1995

The ACAM Institutional Review Board (IRB) is responsible for the ongoing monitoring of your use of protocols which have been approved by this IRB. Please answer the questions below and return this form and any attachments along with your annual \$100 update fee within 10 days to Dr. Ralph Miranda, IRB Chairman, c/o IRB Secretary, 23121 Verdugo Drive, Suite 204, Laguna Hills, CA 92653.

NOTE: If this study has been terminated, please attach a written statement with the date and reason for termination/suspension of the study. Include copies of any relevant correspondence substantiating closure.

1. Please attach a copy of the consent form currently in use for this protocol.
2. If there have been any changes in the consent form from the previously filed version, please attach a written description of those changes. If there have been no changes, write "no change" here: _____
3. If there have been any changes in the protocol from the previously filed version, please attach a written description of those changes. If there have been no changes, write "no change" here: _____
4. Please answer the following questions regarding your protocol during the monitoring period:
 - A. Number of male subjects enrolled in study _____
 - B. Number of female subjects enrolled in study _____
 - C. Number of subjects in study who are: Minors _____ Prisoners _____
Pregnant Women _____ Mentally Retarded _____ Mentally Disabled _____
 - D. Any adverse reactions noted? YES NO (circle one)

Note: If yes, you must attach a written description of those adverse reactions.
Adverse reactions must be reported to this IRB Chairman immediately!

AMERICAN COLLEGE FOR ADVANCEMENT IN MEDICINE
INSTITUTIONAL REVIEW BOARD
PROTOCOL MONITORING
Page 2

- E. Please attach a written description of the benefits obtained to date from this study.
- F. Please attach a written description of problems associated with obtaining subjects for the project/protocol and/or informed consent.
- 5. If there has been any additional new information obtained in the monitored period, please attach a written description. If none, write "none" here: _____
- 6. If there are any anticipated modifications to the project/protocol, please attach a written description. If none, write "none" here: _____

Thank you.

AMERICAN COLLEGE FOR ADVANCEMENT IN MEDICINE

INSTITUTIONAL REVIEW BOARD

Via FAX (hard copy in mail - 3 pages)

DATE: July 3, 1998
TO:
FROM: Ralph A. Miranda, MD, FACAM, Chairman - Institutional Review Board
SUBJECT: Monitoring of Protocol Activity
PROTOCOL: Chelation Therapy for Arteriosclerotic Disease
PERIOD:
MONITORED: November, 1996 through November, 1997

The ACAM Institutional Review Board (IRB) is responsible for the ongoing monitoring of your use of protocols which have been approved by this IRB. Please answer the questions below and return this form and any attachments along with your annual \$100 update fee within 10 days to Dr. Ralph Miranda, IRB Chairman, c/o IRB Secretary, ACAM, 23121 Verdugo Drive, Suite 204, Laguna Hills, CA 92653.

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Pregnant Women _____ Mentally Retarded _____ Mentally Disabled _____
 - D. Any adverse reactions noted? YES NO (circle one)

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AMERICAN COLLEGE FOR ADVANCEMENT IN MEDICINE

INSTITUTIONAL REVIEW BOARD

Via FAX (hard copy in mail - 3 pages)

DATE: October 1, 1998

TO:

FROM: Ralph A. Miranda, MD, FACAM, Chairman - Institutional Review Board

SUBJECT: Monitoring of Protocol Activity

PROTOCOL: Chelation Therapy for Arteriosclerotic Disease

PERIOD:

MONITORED: November, 1997 through November, 1998

The ACAM Institutional Review Board (IRB) is responsible for the ongoing monitoring of your use of protocols which have been approved by this IRB. Please answer the questions below and return this form and any attachments along with your annual \$100 update fee within 10 days to Dr. Ralph Miranda, IRB Chairman, c/o IRB Secretary, ACAM, 23121 Verdugo Drive, Suite 204, Laguna Hills, CA 92653.

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1. Please attach a copy of the consent form currently in use for this protocol.
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 - D. Any adverse reactions noted? YES NO (circle one)

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AMERICAN COLLEGE FOR ADVANCEMENT IN MEDICINE
INSTITUTIONAL REVIEW BOARD

Via FAX (hard copy in mail - 3 pages)

DATE: February 14, 2000

TO:

FROM: Ralph A. Miranda, MD, FACAM, Chairman - Institutional Review Board

SUBJECT: Monitoring of Protocol Activity

PROTOCOL: Chelation Therapy for Arteriosclerotic Disease

PERIOD:

MONITORED: November, 1998 through May, 2000

The ACAM Institutional Review Board (IRB) is responsible for the ongoing monitoring of your use of protocols which have been approved by this IRB. Please answer the questions below and **return this form and any attachments along with your annual \$100 update fee within 10 days** to Dr. Ralph Miranda, IRB Chairman, c/o IRB Secretary, ACAM, 23121 Verdugo Drive, Suite 204, Laguna Hills, CA 92653.

NOTE: If this study has been terminated, please attach a written statement with the date and reason for termination/suspension of the study. Include copies of any relevant correspondence substantiating closure.

25. Please attach a copy of the consent form currently in use for this protocol.
26. If there have been any changes in the consent form from the previously filed version, please attach a written description of those changes. If there have been no changes, write "no change" here: _____
27. If there have been any changes in the protocol from the previously filed version, please attach a written description of those changes. If there have been no changes, write "no change" here: _____
28. Please answer the following questions regarding your protocol during the monitoring period:
- A. Number of male subjects enrolled in study _____
 - B. Number of female subjects enrolled in study _____
 - C. Number of subjects in study who are: Minors _____ Prisoners _____
Pregnant Women _____ Mentally Retarded _____ Mentally Disabled _____
 - D. Any adverse reactions noted? YES NO (circle one)

Note: If yes, you must attach a written description of those adverse reactions.
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AMERICAN COLLEGE FOR ADVANCEMENT IN MEDICINE

INSTITUTIONAL REVIEW BOARD

Via FAX (hard copy in mail - 3 pages)

DATE: February 21, 2001

TO:

FROM: Ralph A. Miranda, MD, FACAM, Chairman - Institutional Review Board

SUBJECT: Monitoring of Protocol Activity

PROTOCOL: Chelation Therapy for Arteriosclerotic Disease

PERIOD:

MONITORED: May, 2000 through May, 2001

The ACAM Institutional Review Board (IRB) is responsible for the ongoing monitoring of your use of protocols which have been approved by this IRB. Please answer the questions below and **return this form and any attachments along with your annual \$100 update fee within 10 days** to Dr. Ralph Miranda, IRB Chairman, c/o IRB Secretary, ACAM, 23121 Verdugo Drive, Suite 204, Laguna Hills, CA 92653.

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Pregnant Women _____ Mentally Retarded _____ Mentally Disabled _____
 - D. Any adverse reactions noted? YES NO (circle one)

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