

**CONTINUING REVIEW FOR IRB APPROVED PROJECTS**

TO: IRB Administrator

FROM:

SUBJECT: Request for Continuation Review for Protocol Number

*Complete the following:*

- 1. Study has been completed; please terminate approval. Yes\_\_\_ No\_\_\_ (If "yes," you do not have to complete the rest of the form but **please return it to IRB Program Manager.**)

*Complete the following items if "No" was check for item #1:*

- 2. Anticipated ending date of research project \_\_\_\_\_.
- 3. Number of subjects enrolled to date \_\_\_\_\_.
- 4. Estimated number of additional participants \_\_\_\_\_.
- 5. Have any adverse events occurred during the conduct of the research that have not yet been reported the IRB?  
Yes \_\_\_ No \_\_\_ (If yes, attach a detailed description.)
- 6. Have any unanticipated problems occurred involving risks to the subjects or others?  
Yes \_\_\_ No \_\_\_ (If yes, attach a detailed description.)
- 7. Have any subjects withdrawn from the research? Yes \_\_\_ No \_\_\_ (If yes, attach a detailed description.)
- 8. Have there been any complaints about the research? Yes \_\_\_ No \_\_\_ (If yes, attach a detailed description.)
- 9. Have any significant new findings developed during the course of the research which may relate to the subject's willingness to continue to participate? Yes \_\_\_ No \_\_\_ (If yes, attach a description of the new findings and discuss their implications for subject participation.)
- 10. If there have been any changes in key personnel since your last review, please attach a sheet listing those changes and the following information for each person: Name, Address, Phone Number, and Responsibility in Project.
- 11. If substantive changes need to be made in the original protocol, on additional sheets describe briefly the changes and explain why they are essential. **NOTE: No changes in the research procedures should have occurred without previous IRB review. Approval from the IRB must be obtained before implementing any changes.**

*Attachments*

- 1. Two copies of this completed form
- 2. Two copies of the currently approved consent form, cover letter and survey instrument (if applicable).
- 3. Two copies of correspondence concerning any modifications to the protocol that have been approved by the IRB since this study was initiated.

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Received by RSSP \_\_\_\_\_

Approved \_\_\_\_\_ Date \_\_\_\_\_  
(IRB Reviewer)