CONTINUING REVIEW FORM

*A Continuing Review Form must be submitted to the IRB no later than four weeks before the current approval expiration date. You can type your answers on this form, and the lines will expand to fit additional text as needed.*

1. **PROJECT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **IRB Number:** |  | Expiration Date of Current IRB Approval: |  |
| Title of Research: |  |
| Principal Investigator’s Name: |  |
| E-mail Address: |  | Preferred Phone Number: |  |
| Co-Investigator Name(s): |  |
| Faculty Research Advisor/Chair (if applicable): |  |

1. **PROJECT STATUS *(check one)***

[ ]   **Data Collection** – I will be recruiting or (potentially) contacting subjects during the

 next approval period, including follow-up activities.

[ ]   **Data Analysis Only** – I will no longer be recruiting new subjects and will not be

 actively contacting any subjects during the next approval period. Data are still being

 analyzed.

1. **INFORMATION SINCE THE PREVIOUS REVIEW**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **YES** | **NO** |
| **a.** | Have any participants experienced unanticipated problems (e.g., social, psychological, physical) or have there been any adverse events as a result of this research since the last review? *If yes, you must also submit an Unanticipated Problem Report Form.*  | [ ]  | [ ]  |
| **b.** | Have any participants withdrawn or been asked to withdraw from this research since the last review?  | [ ]  | [ ]  |
| **c.** | Have any participants complained about the research since the last review?  | [ ]  | [ ]  |
| **d.** | Are you aware of any new relevant information, either through the study itself or through outside sources (e.g., journal articles, conferences, communication with colleagues), that may indicate a possible increased risk of social, psychological, or physical harm to participants in this study?  | [ ]  | [ ]  |
| **e.** | Have the potential risks/benefits of this research changed since the last review?  | [ ]  | [ ]  |
| **f.** | Have there been any changes in the principal investigator, co-investigators, faculty advisor, outside researchers, etc. for this project? | [ ]  | [ ]  |

|  |
| --- |
| If YES is answered to any of the items “a” through “f” in Question #4, please explain in the box below. |
|  |

1. **SUBJECTS**

|  |  |
| --- | --- |
| Total number of subjects enrolled in the study *to date*: |  |

|  |  |
| --- | --- |
| Total number of subjects enrolled *since the last approval given*: |  |

1. **ARE THERE ANY PLANNED CHANGES FOR THE PROJECT?**

Are there any substantive revisions (e.g., modifications, addenda, amendments) to this research project? [ ]  YES [ ]  NO

|  |
| --- |
| If YES, you must submit the *Modifications to Approved IRB Protocol Form*, which must be reviewed and approved by the IRB prior to initiation. Minor changes are acceptable and should be described in the box below, including a brief justification. |
|  |

1. **REVISIONS TO RESEARCH MATERIALS**

The IRB must review copies of all revised material (e.g., flyer, solicitation letter, survey, consent form). Please submit a copy of any revised material with this Continuing Review Form.

Were there any revisions to your research materials? [ ]  YES [ ]  NO

**SUBMISSION INFORMATION**

*The submission of handwritten and/or incomplete forms will significantly delay the review. Please note that neither data collection nor data analysis can continue beyond your current IRB approval expiration date until this form is approved. Submit this completed form and any supporting materials to:*

***The Utica University IRB at irb@utica.edu.***