## Institutional Review Board (IRB) Research Project Continuation Form

Please submit this form if study is to extend beyond one year.

| Name:  | E-mail Address:   |                     | Date        | : |
|--|-------------------|---------------------|-------------|---|
| For electronic submission, a check in this box is acceptable | as a signature: 🕅 |                     |             |   |
| ○ Faculty ○ Student If student, project advisor:             |                   | Program/Department: |             |   |
| Title of Research Study:                                     |                   |                     | Proposal #: |   |

## **Please Answer All Questions**

Use provided space on second page of form for explanation/additional information.

| 1.  | Have you started data collection for this research project?   | Yes 🔿 | No 🔿 |
|-----|---|-------|------|
| 2   | How many total participants have been recruited since the beginning of the research project?  |       |      |
|     | Do you plan to continue to recruit participants for this research project?<br>ou answered <b>YES</b> , please skip to Question #6.  | Yes 🔿 | No 🔿 |
| 4.  | If you answered <b>NO</b> to Question #3, do you plan to continue to <u>collect</u> data with previously recruited participants?  | Yes 🔿 | No 🔿 |
| 5.  | If you answered <b>NO</b> to Questions #3 and #4, do you plan to continue to <u>analyze</u> previously collected data that is individually identifiable?  | Yes 🔿 | No 🔿 |
| 6.  | Have there been any complaints about the research since the proposal was approved by the IRB? If <b>YES</b> , please provide complete information on the complaints made.   | Yes 🔿 | No 🔿 |
| 7.  | Have any participants withdrawn from participation since the proposal was approved by the IRB?  | Yes 🔿 | No 🔿 |
|     | If YES, please indicate the number and provide detailed information on the reason(s) for withdraw   | val.  |      |
| 8.  | Have there been any adverse events or unanticipated problems involving risks to the participants or others since the proposal was approved by the IRB? If <b>YES</b> , <b>please contact the IRB office immediately.</b>  | Yes   | No 🔿 |
| 9.  | Have there been any changes to the study population? If <b>YES</b> , please provide explanation of any changes made.  | Yes 🔿 | No 🔿 |
| 10. | Have the procedures changed in any way since the proposal was last approved by the IRB?<br>If <b>YES</b> , please provide explanation of any changes made.  | Yes 🔿 | No 🔿 |
| 11. | Have any materials or instruments changed in any way since the proposal was approved by the IRB? If <b>YES</b> , please provide explanation.  | Yes 🔿 | No 🔿 |
| 12. | Have the consent documents changed in any way since the proposal was last approved by the IRB? If <b>YES</b> , please provide explanation and attach a copy of the revised document(s).   | Yes 🔿 | No 🔿 |
| 13. | A clean copy of the current version of the consent document(s) must be submitted with the request to continue if you plan to recruit new participants, or if a revised consent document is necessary as a result of an amendment. Have you attached a clean copy of your current consent document(s)? | Yes 🔿 | No 🔿 |
| 14. | Have there been any changes to the members of the research team (e.g., change in Principal Researcher, addition/deletion of co-researchers)? If <b>YES</b> , please describe personnel change(s).   | Yes 🔿 | No 🔿 |

Space is provided on the following page for any additional information to be included...



In the space below, please provide any explanation/additional information as requested on the previous page.