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**Continuing Review**

**Original Protocol #**

The IRB is required to conduct ongoing review of every full or expedited research project at least once a year (45 CFR 46.109(e)). The review due date for each project is included in the documentation provided at the time of the original IRB approval. If you have completed all data collection and analysis, complete the Final Review form. If you are not finished with those activities, you must complete this form to extend the IRB approval period for human participants research.

DATE: \_\_\_\_\_

PRINCIPAL INVESTIGATOR: \_\_\_\_\_ Title: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

STUDY COORDINATOR (if applicable): \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

PROTOCOL TITLE: \_\_\_\_\_

(Provide the exact title given in the original Human Participants Approval Application).

**Status of the Project (Check one)**

A.  Ongoing / Estimated completion date: \_\_\_\_\_

B.  Ongoing /Not enrolling new participants – (follow up or data analysis only)/

– Date enrollment ended: \_\_\_\_\_

C.  Completed

D.  Never started

E.  No need to renew

F.  Withdrawn

G.  No recruitment to date



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**Progress Report**

Please summarize the following:

1. Revisions previously reviewed and approved by the IRB.
2. Summarize the results you have achieved thus far in your study including:
  - A. Number of subjects the study was approved to recruit versus total number of subjects to date and anticipated additional participants
  - B. unanticipated problems involving human participants occur
3. Describe remaining activities and expected time frame for completion.

Signature of Principal Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

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**For IRB use only:**

**Approved:** \_\_\_\_\_

**Requires Modifications:** \_\_\_\_\_

**Reviewer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_