



INSTITUTIONAL REVIEW BOARD HUMAN SUBJECTS CONTINUING REVIEW AND REQUEST FOR MODIFICATION

THIS FORM CHECKS THE STATUS OF AN EXISTING (ACTIVE) RESEARCH PROTOCOL

Today's Date:				
Pr	Project Title:			
IRI	RB#:			
1.	Status of your project:			
	Project not conducted. [This will result in closure of your project and end all activity on it.]			
	Project active; work with participants continues.			
	Project active; participants have completed all research-related activities.			
2.	Is the project proceeding as originally or subsequently approved?			
	Yes			
	No			
3.	Have any investigators left the project or joined the project?			
	Yes			
	No			
4.	Has there been a change in conflict of interest status for investigators?			
	Yes			
	No			

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5.	Have unexpected or adverse events {e.g., complaints, investigations of your research, unreported non-compliance) occurred?	
	Yes	
	No	
6.	Do you wish to make changes to the populations recruited?	
	Yes	
	No	
7.	Do you wish to change anything about your data collection process?	
	Yes	
	No	
8.	Since initial or most recent approval, has any relevant research and/or literature on related risks to human subjects become known to you?	
	Yes	
	No	
9.	If you answered Yes to any of Questions 2 through 8, please provide a detailed explanation of your answer(s), identified by question number. Please note that, if you wish to modify the terms of your project, your explanation must include a specific request to do so. If no request for modification is included, activity must immediately cease until the answers to questions 2 through 8 are fully resolved	

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10. Do you anticipate completing your project by (IRB wi	ll insert a date one year from approval date)?
Yes	
No	
If you answered Yes to any of Questions 3 through 8, ple identified by question number. Please note that, if your specific request to modify it. If no request for modificati	project is active, your explanation must include a
The signature(s) below indicate that no information that coul Principal Investigator Name (print or type):	d affect the status of this project has been omitted.
Principal Investigator Signature	Date
Co-investigator Name (print or type):	
Co-Investigator Signature	Date
Co-investigator Name (print or type):	
Co-Investigator Signature	Date
Co-investigator Name (print or type):	
Co-Investigator Signature	Date
Supervisor Name (print or type):	

Supervisor Signature 3