Continuing Review Form

Instructions: Federal regulation requires that research protocols be reviewed by the IRB on a regular basis for continued approval. This form must be submitted one month prior to the IRB approval expiration date. No research may be conducted past the expiration date unless the study has been reviewed and renewed by the IRB.

Section I: General Study Information

Title of Study	
IRB Protocol #	
Approval Date	
Name of Primary Investigator (PI)	
PI Email	
Name of Co-Investigator (if applicable)	
Co-Investigator Email	

Section II: Research Status

How many participants have enrolled in the study to date?	
How many participants was your study approved to enroll?	
How many participants do you intend to enroll in the future?	
How many participants have withdrawn from the study to date?	

Please describe the reasons for withdrawal from the study, if known:

Have any unanticipated problems or adverse events occurred during the duration of the approval period? ☐ Yes ☐No

If yes, please summarize the events:

If yes, did you previously report these events to the IRB with an Adverse Event Form? ☐ YES ☐ NO
If no, you must also submit an Adverse Event Form to the IRB along with the Amendment form.

Section III: Research Progress

Briefly summarize the progress of the research to date:

Has any new information been obtained that may alter the risks/benefits to participation in the research study? ☐ Yes ☐No

If yes, please explain:

Are you submitting any changes to your protocol, consent for, stimulus materials, etc., along with this Continuing Review Form? ☐ Yes ☐No

If yes, briefly explain the changes and the rationale (NOTE: You must submit a copy of the revised documents with this form):

Please identify the documents you have submitted with this form:

☐ Protocol form
☐ Survey(s), Questionnaire(s), Interview Guide(s)
☐ Consent form(s)
☐ Recruitment materials (flyers, emails, etc.)
☐ Other (specify)

Section IV: Certification

I hereby certify that the information provided entirely and accurately described the proposed research project. I agree not to make any changes to protocol without first seeking IRB, expect in the case of immediate harm to participants. I agree to conduct research in accordance with applicable federal guidelines. I agree to immediately report unanticipated problems or adverse events to the IRB as soon as they are discovered.

PI Name	
PI Signature	
Date	
Supervisor Name (if applicable)	
Supervisor Signature (if applicable)	
Date	

Completed IRB Forms and supporting documentation should be submitted to (OIRE@nwfsc.edu) in one communication.