 IRB Protocol #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

irb

**Request for Continuing Review**

IRB approval is granted for a period of one(1) year. Ongoing research activities must be reviewed at least once annually by the IRB. It is the responsibility of the researcher to initiate the continuing review process. To request a review, submit this form four weeks prior to the anniversary date of the most recent IRB approval. Researchers may expect a decision memo from the IRB within three(3) weeks of receipt. Use additional pages as necessary. **THIS FORM MUST BE TYPED**

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| --- | --- |
| Principal Investigator | Email: |
| Department: | Phone: |
|  |  |
| Department Chairperson/Supervisor:  (If PI or Co-PI is a student) | Email: |
| Department: | Phone: |
|  |  |
| Project Title: |  |
|  |  |
| Agency: |  |
| Date of Most recent IRB Approval: | Anticipated End date: |
| **NUMBER OF SUBJECTS PARTICIPATING IN THIS STUDY TO DATE:** | |
| **NUMBER OF SUBJECTS REFUSING TO PARTICIPATE OR WITHDRAWAING FROM THIS STUDY:** | |

1. Provide a brief summary of progress to date.

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2. This research project has been conducted according to the most recent protocol approved by the IRB . ( IF “No” explain any changes below.) Yes No

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3. The research produced unexpected or adverse effects on a subject (or subjects). If “Yes” explain below

Yes No

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4. One or more participants in this study expressed objections or complaints. (if “Yes” describe the nature of objections or complaints). Yes No

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5. To continue this research study, the current protocol needs to be modified. (If “Yes” describe these modifications and explain the expected effect). Yes No

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6. All letter of Informed Consent must be kept on file for three(3) years following completion on the project. The signed consent forms for the participants in this study are on file and available to the LUIRB for review. Yes No

PI: I have completed LUIRB required training in the protection of human subjects in research within the past three years. Yes No

(Attach copy of verification of training in the protection of human subjects in research\*)

PI Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Departmental Chairperson/Supervisor**: (**if PI is a Student**)

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Send **ONE COPY** of this form (with original signature) to:

**IRB Administrator,**

**Research and sponsored Programs,**

**Wright Hall, Rm 118**

**irb@lincoln.edu**

**Tel: 484-365-7696**

**(**Electronic submissions are accepted, but one copy with **Original signatures** is required. Send electronic submissions to [Lu-irb@lincoln.edu](mailto:Lu-irb@lincoln.edu). Please do not send your submission to the IRB Chair).

**The IRB review requests for Continuation protocols weekly.**