



Protocol No.: _____ Date Received: _____ For IRB Use Only

Institutional Review Board for Human Subject Research

APPENDIX B: CONTINUING REVIEW FACE SHEET

For Faculty, Staff and Outside Researchers

Use an Appendix B: (1) For annual continuing review by the date specified by the IRB your most recent protocol approval notice. (2) To report or request significant changes to the approved protocol. (3) To report complications or adverse reactions by subjects to your research. Attach additional information as requested and submit to the IRB Administrator c/o the Office of Sponsored Programs.

Principal Investigator, Title and Department _____

Campus Mailing Address _____

Campus Phone and Email Address _____

Other Investigators and their departments _____

Project Title _____

If Applicable:

Funding Agency or Sponsor _____

OSP Proposal Number _____

- What is the current status of this research? Please attach a brief narrative report addressing the progress of the research and respond to any YES answers to the following questions.
 ____ Ongoing. ____ Terminated before completion.
 ____ Completed. ____ Not initiated.
- How many subjects have been included in your study to date: _____
- Were any complications encountered as a result of human subject participation in this study? Complications can include expected as well as unexpected deleterious responses to the test procedures, subject matter or other aspects of the research.
 ____ Yes ____ No
- Has the project changed in any substantial way from what was originally submitted to the Committee and/or since the last approval?
 ____ Yes ____ No
- Has there been additional or new information presented on this study which may affect a subject's willingness to continue their participation?
 ____ Yes ____ No
- Are you using the consent statement(s) approved for this study?
 ____ Yes ____ No
- What is the anticipated completion date for this research: _____
 (Note: If the research is ongoing, another Appendix B will be required every year the project is active.)

Principal Investigator: _____ Date: _____
 Signature

IRB Action: Approved: _____ Not Approved: _____ Date of Action: _____

Signed: _____ Date: _____