CONTINUING REVIEW FORM

Title of Research: _________________________________________________________
________________________________________________________________________
________________________________________________________________________

Approval Period: From _______________     To _______________

(NOTE: Any data collected before the approval date or after the end date shown above is not covered by IRB approval. If the project is not completed by the end date, this form must be completed and submitted to the Board in order to receive continuing approval for the project. The form must be received by the Board at least six weeks prior to the end date in order to assure uninterrupted approval.)

1. What is the stage of the project? (Circle One)
   a. Initial preparation
   b. Data Collection
   c. No further involvement with participants

2. Have any participants dropped out or been withdrawn from the study?
   YES  NO  (If yes, attach explanation.)

3. Since the project was approved, have all changes been submitted to the Board for review and approved?
   YES  NO  (If no, project activities must stop until approval is granted.)

4. Attach to this form a summary description of the experiences of participants who have been involved with the project. Include information about benefits, adverse events, problems, and complaints, and any results to date.

5. Have all approved procedures been followed?
   YES  NO  (If no, attach an explanation.)

6. Has the project resulted in any risks to participants that were not identified in the approved protocol?
   YES  NO  (If yes, attach an explanation.)

7. Is there any further information that should be communicated to the Board?
   YES  NO  (If yes, attach communication.)

8. Please attach a copy of the consent form that you are currently using.

This completed form and its attachments are an accurate report of the progress and status of the project.

Signature of Investigator               Date               Signature of Sponsor                  Date