

CONTINUATION REQUEST FORM

A Continuation Request Form should be submitted to the IRB no earlier than six weeks before the approval expires to keep the approval date the same and no later than four weeks before the approval expires to ensure enough time for a substantive review. Continuing review for a project may be requested each year for two years. However, if a project will continue after the third year of its initial approval anniversary, a new IRB application form for the project must be filed with the IRB.

1. PROJECT INFORMATION

- a. Title of Project: _____
- b. IRB Number (assigned to project): _____
- c. Expiration Date of Current Approval: _____

3. PROJECT STATUS

- a. ACTIVE (will be recruiting or recontacting participants during the next approval period.) Yes
- b. NOT ACTIVE (will no longer be recruiting new participants and will not be actively contacting any participants during the next approval period. Data is still being analyzed.) Yes

4. PARTICIPANTS

- Total number of participants enrolled since the previous approval period: _____
- Total number of participants enrolled in the study to date: _____

5. INFORMATION SINCE THE PREVIOUS REVIEW

- a. Have any participants experienced any unanticipated problems (e.g., social, psychological, physical) or have there been any adverse events as a result of this research since the last IRB review? Yes No
- b. Have any participants withdrawn or been asked to withdraw from this research since the last review? Yes No
- c. Have any participants complained about the research since the last review? Yes No
- d. Are you aware of any new relevant information, either through the study itself or through outside sources (e.g., journal articles, conferences, communication with colleagues), that may indicate a possible increased risk of social, psychological, or physical harm to participants in this study? Yes No
- e. Have the potential risks/benefits of this research changed since the last review? Yes No
- f. Have there been any changes in the principal investigator, co-investigators, faculty sponsor, outside researchers, etc. for this project? Yes No

If yes is answered to any of the items in number 5, please explain below.

6. ARE THERE ANY CHANGES PLANNED FOR THE PROJECT? YES NO

If yes, please provide a summary and description of any proposed modifications, addenda, or amendments that are proposed for the study since the last IRB review and provide a brief justification.

7. CONTACT INFORMATION

Principal Investigator: _____

Email: _____

Phone: _____

Faculty Sponsor/ Chair _____

Dept: _____

SUBMISSION INFORMATION

The IRB must review copies of all revised material. Please attach a copy of any revised material (e.g., flyer, solicitation letter, survey, debriefing statement, consent form, information sheet) to the Continuing Review Form.

The submission of handwritten and/or incomplete packets will significantly delay the review. Send a copy of this packet (*Continuing Review Form* and all supporting materials) to:

IRB Administrator
John Carroll University
20700 North Park Blvd, AD 250
University Heights, OH 44118

OR

Email material to the IRB Administrator at eparsons@jcu.edu.