Lourdes University Institutional Review Board
6832 Convent Blvd.
Sylvania, OH 43560

Continuing Review Form

INSTRUCTIONS:

If your research project will continue past the original IRB approval date, you **must** submit a *Continuing Review Form* no later than 3 weeks before the approval expires.

Research Title: _____

IRB Protocol #: _____ IRB Current Expiration Date: _____

PROJECT STATUS (please check appropriate box below):

- ☐ **Active** (recruiting new participants, interacting with participants and/or gathering data)
- ☐ **NOT Active** (no longer recruiting ***or*** interacting with participants. Data analysis continues)

PARTICIPANTS:

Total number of participants enrolled since the previous approval period: _____

Total number of participants in the study to date: _____

PRINCIPAL INVESTIGATOR INFORMATION:

Name: _____

Department or Affiliation: _____

Address: _____

Telephone: _____

Email: _____

RESEARCHER TYPE:

☐ Undergraduate Student ☐ Graduate Student ☐ Lourdes University Faculty/Staff ☐ Other Institution

RESEARCH PURPOSE:

Capstone Project: ☐ Course Project: ☐ Personal Scholarship: ☐

Student Researcher as Principal Investigator:

Faculty Advisor: Name: _____

Phone: _____ Email: _____

Faculty or Staff as Principal Investigator:

Supervisor, Department Chair, or Dean:
Name: _____

Phone: Email:

PLEASE PROVIDE THE FOLLOWING:

1. **Briefly describe the results of the study (if any) to date:**

2. **Information since the previous review:**

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
Have any participants withdrawn or been asked to withdraw from this research since the last review?	☐ Yes	☐ No
Have any participants complained about the research since the last review?	☐ Yes	☐ No
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, physical harm to participants in this study?	☐ Yes	☐ No
Have the potential risks/benefits of this research changed since the last review?	☐ Yes	☐ No
Have there been any changes in the principal investigator, co-investigators, faculty sponsor, outside researchers, etc… for this project?	☐ Yes	☐ No

Note: If you answered **"yes"** to any of the items above, please explain below:

3. **Are there any revisions planned for the project?** Yes ☐ No ☐

   If yes, please provide

   (1) a summary of any proposed modifications, addenda, or amendments that are proposed for the study since the last IRB review

   (2) review a brief justification for the modification:

INVESTIGATOR ASSURANCE STATEMENT:

The Principal Investigator agrees to the following:

As a Principal Investigator, the electronic signature below (ex: /s/John S. Doe) denotes my intent to certify that all research activities, including interaction with subjects, gathering data, and analyzing data are complete. All data that could identify a particular subject have been destroyed as outlined in my research protocol. **Consent forms will be retained for 3 years and then destroyed**. Further, if I am a student researcher, I certify that my Faculty Advisor will be the individual to retain the consent forms for the required 3 year period.

Name: _____ Date: _____

(example: /s/John S. Doe)

The Faculty Advisor agrees to the following:

As a Faculty Advisor, the electronic signature below (ex:/s/John S. Doe) denotes my intent to certify that the student's research activities, including interaction with subjects, gathering data, and analyzing data are complete. All data that could identify a particular subject have been destroyed as outlined in the research protocol. Further, I certify that I will retain the consent forms for the required 3 year period and then destroy the forms.

Name: _____ Date: _____

(example: /s/John S. Doe)