

INDIANA UNIVERSITY
EAST CAMPUS INSTITUTIONAL REVIEW BOARD

CONTINUING REVIEW

of
Research Project Utilizing Human Subjects

Federal regulations require that continuing reviews of all non-exempt activities be conducted at least annually. Therefore, this form must be completed and returned to the IRB c/o Academic Affairs, Whitewater Hall, Room 262. If this study has been/will be terminated, or will not be done, it is still imperative that you complete and return this form, so that we can update our files accordingly. Please complete in a legible manner!

TITLE OF PROJECT _____

PRIN. INVESTIGATOR _____ SCHOOL/DEPARTMENT _____

BUILDING/ROOM # _____ E-MAIL _____ TELEPHONE _____

1. Current status of human subject use: **(You must fill in this section. Check 1 category only.)**

_____ Are being used: Date started: _____ Anticipated completion date: _____

_____ Will be used beginning: (date) _____ Anticipated completion date: _____

_____ Use of subjects was completed: (date) _____

_____ Will not be used; study will not be done; close this file; explain: _____

_____ Other; explain: _____

2. What is the funding status of the study? Indicate source, length of funding, and agency grant #.

3. How many subjects have completed the study? _____

4. How many subjects are currently in the study? _____

5. Will more subjects be recruited? _____ If yes, how many? _____

6. Did any subjects withdraw from the study since the last report? _____ If yes, state the number and reasons for withdrawal:

7. If no subjects are involved, explain why:

8. Were there any problems or complications in the study that affected the subject or others? _____ If yes, a description of any problems or complications must be provided.

9. Describe any changes or deviations since last approval:

COMPLETE BACK PAGE ALSO.

10. Provide a brief summary of progress and results.

11. **If this study is active and additional subjects will be recruited, a copy of the current Informed Consent Statement must be returned with this form** (even if it is the same as previously approved.) Any change to the original consent must be highlighted.

SIGNATURES:

Principal Investigator (typed/printed name) (signature) (date)

Faculty Advisor/Sponsor (typed/printed name) (signature) (date)

CAMPUS LEVEL REVIEW

_____ The continuing review of this **ongoing** protocol for use of human subjects has been reviewed and approved by the IUE Institutional Review Board.

_____ The closing report of this **terminated** protocol for use of human subjects has been reviewed and accepted by the IUE Institutional Review Board.

_____ Expedited Review _____ Full Committee Review

Chairperson IUE IRB Date

