



Continuation Form

Research that has received IRB approval must be reviewed at least annually or more often as determined by the Human Subjects Committee in its initial review of the project. A continuation of approval is needed if you

- 1) are continuing to recruit subjects and/or plan to continue data collection or
2) are analyzing data collected on this project.

Date of most recent approval:

Project Title:

Principal Investigator: Dept: Phone: E-mail:

*Student Researcher: Year: Select One Phone: E-mail:

*For student-initiated research only

Co-investigators:

Projected Dates of Data Collection and Analysis: Begin Recruitment Date: End Analysis Date:

Review Type: Select One

1. Project Status

- Yes No Subjects are being recruited or will be recruited.
Yes No Subject recruitment is complete; data collection will continue.
Yes No Subject recruitment and data collection are complete; data analysis will continue.

2. Project Activity Update (if yes to any question below, please attach report summarizing changes or events)

- Yes No Since the last review period, have there been any complications, reactions, or adverse effects on human subjects?
Yes No Since the last review period, have there been any changes in the literature that would affect this project?
Yes No Since the last review period, have there been any modifications made to your study protocol?

3. Subject Recruitment Status

The original protocol involved only data analysis and did not involve data collection.

Yes No (If Yes, proceed to question 4.)

How many subjects were originally planned for inclusion in this study?
How many subjects have been enrolled?
How many subjects do you still plan to recruit?
How many subjects have refused to participate?

4. Are you requesting any modifications to your study protocol at this time?

Yes No

(A modification is any change to the previously approved protocol, e.g. subject selection, recruitment procedures, survey or interview guide revisions, personnel, etc.)

If yes, attach a completed Modification Form and supporting documents for review by the Committee.

5. Signatures

By signing this form I certify that:

- The information I/we have provided on this form is true, complete, and accurate;
I/we am/are familiar with and agree to abide by all relevant Federal guidelines and College of the Holy Cross policies relating to this project;
I/we will only perform research that is approved by the IRB and not deviate in any way from my protocol without prior approval.
My signature below verifies that this Continuation Form meets with department approval and is in compliance with procedures and/or regulations designed to protect human subjects. I understand and agree to my duties and responsibilities as Principal Investigator or Faculty Sponsor for this research project if a student project.

Principal Investigator: Date:

Student Researcher: Date: