

IRB Continuing Review Application

1. Study Identification

Protocol Title

Principal Investigator Name

Protocol Number

IRB Approval Number

2. Contact Information

Email Address

Phone Number

3. Review Dates

Date of Initial IRB Approval

Current Approval Period End Date

4. Summary of Study Progress

Describe study progress, activities since last review, and participant enrollment numbers

5. Participant Progress

Number of participants currently enrolled

Number of participants completed

Number of participants withdrawn/dropped

6. Adverse Events/Problems

Describe any adverse events or unanticipated problems since last review

7. Protocol Changes

List all protocol changes or amendments submitted or proposed since last review

8. Consent Process Updates

Summarize any changes in the consent process, forms, or documentation

9. Additional Information

Provide any other relevant information for IRB continuing review

