IRB CONTINUING REVIEW FORM

Instructions: Federal regulation requires that research protocols be reviewed by the IRB on a regular basis for continued approval. This form must be submitted one month prior to the IRB approval expiration date. No research may be conducted passed the expiration date unless the study has been reviewed and renewed by the IRB.

Section I General Study Information

Title of Study:	
IRB Protocol #:	
Approval Date:	
Name of Primary Investigator (PI):	
Email:	**Phone:**
Name of Co-Investigator (if applicable):	
Email:	**Phone:**

Section II Research Status

How many participants have enrolled in the study to date?	
How many participants was your study approved to enroll?	
How many participants do you intend to enroll in the future?	
How many participants have withdrawn from the study to date?	

Please describe the reasons for withdrawal from the study, if known:

Have any unanticipated problems or adverse events occurred during the duration of the approval period?

☐ **Yes** ☐ **No**

If yes, please summarize the events:

If yes, did you promptly report these events to the IRB via the Adverse Event Report Form?

☐ **Yes** ☐ **No**

If no, you must submit an Adverse Event Report Form to the IRB along with the Continuing Review Form.

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Section III Research Progress

Briefly summarize the progress of the research to date:

Has any new information been obtained that may alter the risks/benefits to participation in the research?

☐ Yes ☐ No

If yes, please explain:

Are you submitting any changes to your protocol, consent form, stimulus materials, etc. along with the Continuing Review Form?

☐ Yes ☐ No

If yes, briefly explain the changes and rationale (note: you must submit a copy of the revised documents with this form):

Please select any applicable documents you have submitted with this form:

☐ Protocol form
☐ Survey(s), questionnaire(s), interview guide(s)
☐ Consent form(s)
☐ Recruitment materials (flyers, emails, etc.)
☐ Other (specify)

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Section IV CERTIFICATION			
I certify that the information provided entirely and accurately describes the proposed research project. I agree not to make any changes to the protocol without first seeking IRB, except in the case of immediate harm to participants. I agree to conduct research in accordance with applicable federal guidelines. I agree to immediately report any unanticipated problems or adverse events to the IRB as soon as they are discovered.			
PI name:			
PI signature:		**Date:**	
Supervisor name (if applicable):			
Supervisor signature (if applicable):		**Date:**	

Completed IRB Continuing Review Forms should be submitted with required and supporting documents to irb@broward.edu in one communication.