CONTINUING REVIEW

GOUCHER COLLEGE
INSTITUTIONAL REVIEW BOARD
PROPOSAL FOR CONTINUING REVIEW

[Please use this form if your project has been approved by the IRB and (a) you wish to continue it beyond the expiration date of the initial approval, and/or (b) you wish to make changes to the current protocol.]

Please submit **one hard copy** and **one electronic copy (via email to irb@goucher.edu)** of the following documents to the IRB.

(a) IRB-CONTINUING REVIEW Form (signed and completed)
(b) Any documents you wish to change (consent form, measures, materials, procedures) – include both "tracked changes" version and clean (changes-accepted) version.
(c) Certificates of completion of human participants training for any investigators being added to the project.

TITLE OF PROJECT:_____

Date of Original IRB Approval:_____

Name of Researchers _____

Original IRB Approval #_____

Date this form is being filed: _____
[Please note that we make every effort to give an initial response within four weeks of receiving your complete proposal, and that revisions may be requested before approval is granted. You may not continue data collection beyond the expiration of your original approval without obtaining approval for a continuation of the study, via this form. Please plan accordingly.]

Names of Student or Co-Investigators: *[If requesting continuation of approval, check "Add" for investigators who are new to the project, and "Remove" box for investigators who were involved in the past year, but whose involvement with the research has ended. Check neither if the investigator is continuing with the project.]*

Name of Researcher (and GC class year or other affiliation)	Change in status (see note above)		Description and approximate date of training in Responsible Conduct of Research with human subjects:
	Add	Remove	(for added investigators only)

	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	

1. Number of individuals who have participated to date (as research subjects):_____

2. During the course of the study, did any problems arise involving issues of human subjects protection (i.e., unanticipated adverse effects, threats to anonymity, or breaches of confidentiality)? Yes:☐ No:☐ (check one)
If yes, please explain:

3. Did the procedures for the project differ in any substantial way from the procedures described in the approved proposal? Yes:☐ No:☐ (check one)
If yes, please explain. If changes in questionnaires or consent forms were made, please append (unless the changed documents were previously submitted to the IRB chair).

4. If seeking continuation approval (for another year), do you intend to make any changes to the approved procedure? Yes:☐ No:☐ (check one)
If yes, please explain. ***If changes in questionnaires or consent forms are planned, please append:***

5. Please summarize the conclusions obtained so far (ideally in one paragraph or less).

Signature of Supervisor:_____
Date:_____

For IRB Use

Action Taken:

Expedited Review approved _____ Expedited Review not approved ____

Modifications Requested: _____ Referred for Full Board Review ____

_____
Chair (or Chair's Designate), IRB

_____
DATE