GOUCHER COLLEGE
INSTITUTIONAL REVIEW BOARD
PROPOSAL FOR CONTINUING REVIEW OR PROTOCOL MODIFICATION

[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 – including the addition/removal of researchers.]

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:_____

PRIMARY RESEARCHER(S):_

Date of Original IRB Approval:_____

Original IRB Approval #_

Date this form is being filed: _____

[Note: We make every effort to give an initial response within 2 weeks of receiving your complete proposal; 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 (unless doing so would cause harm to participants, in which case special permission may be granted). Please plan accordingly.]

Names of Student or Co-Investigators: *[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.]*

Full Name	Student/ Faculty/ Staff/ Other (specify)	Affiliation (if not Goucher)	Add *	Remove	Contact information (email required; phone optional)

**You must submit new researchers' certificates of completion of NIH Human Participants training from within the past 5 years (training available at www.phrp.nihtraining.com).*

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

2. During the course of the study, did any problems arise involving issues of human subjects protection (i.e., unanticipated adverse events, threats to anonymity, or breaches of confidentiality)? _____Yes: __ ___No
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.

4. 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 the relevant documents.***

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

Signature of Supervisor (or of faculty/staff researcher):_____

Date:_____

Signatures of those added to the study:

_____

_____

For IRB Use

Action Taken:

Expedited Review approved through _____
(date)

Expedited Review not approved ____

Modifications Requested: _____

Referred for Full Board Review ____

_____
Chair (or Chair's Designate), IRB

_____
DATE