



Texas A&M University- San Antonio
IRB Continuing Review Form

IRB Log# _____

Project Title: _____

Principal Investigator Name: _____

Campus phone: _____ Alternate phone: _____

Email: _____

Please list funding agency(s): _____

PROJECT STATUS

Number of participants approved by the IRB to be recruited for participation: _____

Number of participants enrolled since the start of the research: _____

The status of the project is:

- Protocol unchanged since the last IRB approval, actively enrolling subjects.
- Requesting changes to protocol, actively enrolling participants [please attach amendment*]
- Protocol unchanged since the last IRB approval, project never started
- Enrollment closed, data collection stage
- Enrollment closed, data analysis stage
- Data have been de-identified, the only research activity remaining is analysis of de-identified data [continuing review is not required, submit IRB Completion Report instead]

***If changes are made during this Continuing Review Application, a copy of the updated documents (protocol, surveys/interview instruments, advertisements, etc. if applicable) must be included with the application.**

***If the project will remain open to participant enrollment, provide a copy of the consent documents with your Continuing Review application. If changes are to be made to the consent forms, please attach a copy of the currently approved consent with tracked changes.**

***Up to date CITI completion report and The Revised Common Rule completion report for each investigator.**

STUDY PROGRESS

Provide a summary of the study progress to date.
This should include any preliminary observations, interim findings, goals for upcoming approval period and a projected completion date.

PROBLEMS AND EVENTS

Since the last IRB approval, if any unanticipated problems, participant complaints, adverse events or noncompliance occurred, provide a summary of these events and discuss how they were handled.

CHANGES IN RISK or BENEFITS

Since the last IRB approval, if any changes in the risks or benefits to participants have been identified, provide a description of the changes and any relevant literatures.

Date: _____ Principal Investigator Signature: _____