**Request for Continuation of Research**

for IRB of APPROVED RESEARCH –for Human Subjects Research

Institutional Review Board – AUM

Office of Research and Sponsored Programs

Auburn University at Montgomery

dtomblin@aum.edu (334) 244-3250

***This form should be used when the researcher is requesting additional time (beyond one year) to complete the project. It should also be used if there is any change in the project such as additions to the research team, revised forms, change in methodology, location, target population, or adverse event reporting, etc). If the IRB has expired, the researcher must resubmit their protocol for complete review.***

All answer blocks are expandable.

Protocol # **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Project Title: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Principal/Student Investigator: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Title **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Investigator’s Phone **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Investigator’s e-mail **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Duration of Study (original dates) From: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**To: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Has your project begun? [ ]  Yes [ ]  No

2. If your project has NOT begun, do you want to CLOSE your project? [ ]  Yes [ ]  No

**If YES, complete FINAL REPORTS/STUDY CLOSURE FORM.** If no, continue.

**Study Accrual (to date)**

3. Number participants recruited (or charts/records reviewed) for study: **\_\_\_\_\_\_\_\_\_\_\_**

4. Number participants completed study: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

5. Number of subjects who withdrew early due to adverse events: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Explain

6. Have there been any unanticipated benefits, etc. to participants resulting from this study?

[ ]  Yes [ ]  No

 Explain

7. Do you plan to continue to enroll participants? [ ]  Yes [ ]  No

**Project Information**

8. What date extension are you requesting for completion of this research project?

(Month/Year) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

9. Explain why you are requesting additional time to complete this research project.

10. Do you plan to make any changes in your protocol (e.g. methodology, research design, etc.)? Describe. Provide a thorough explanation. (It is better to provide too much information than too little):

**If you have revised any of your research documents, attach them to this request. You may send this document and any attachments electronically (attached to an email) or you may send hard copies.**

Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name of Person completing report: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The IRB will review this request and any attachments. Verification of IRB approval will be sent to you via email, and will consist of the following documents:

* IRB memo,
* This form (stamped),
* Any revised forms/surveys, etc (stamped).

Date Received in IRB office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date reviewed by IRB: \_\_\_\_\_\_\_\_\_\_\_\_ Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved or Authorized by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_