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| NMC JHC 1color | **Institutional Research Board (IRB)**  **ANNUAL CONTINUANCE REQUEST**  *(Fillable Form)* |

**Instructions to the Investigator**: In order to continue your research study, you MUST request a continuation from the IRB on an annual basis. Complete this form and submit to the IRB Chair at [IRB@methodistcollege.edu](mailto:IRB@methodistcollege.edu).

***Note****: If you have CONCLUDED your study, submit a “Conclusion of Study Report” form.*

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| **Principal Investigator:** | | | |  | | | | | |
| **Co-Principal Investigator:** | | | | |  | | | | |
| **Department/Program:** | | |  | | | | **Phone:** | |  |
| **Research Title:** | |  | | | | | | | |
| **IRB #:** |  | | | | | **Original Approval Date:** | |  | |

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| **REVIEW INFORMATION:** | | | | | | | | | | | | | |
| 1. **Level of Initial Approval** (Check one)   **Exempt**   **Expedited**  **Full Review** | | | | | | | | | | | | | |
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| 1. **When did the study actually begin?** |  | | | | | | | | | | | | |
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| 1. **What is the expected date of completion?** | |  | | | | | | | | | | | |
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| 1. **How many subjects have completed the study?** | | | | **Male:** | | |  | | **Female:** | |  | |  |
|  | | | | | | | | | | | | | |
| 1. **How many subjects are currently in the study?** | | | | | **Male:** | |  | | **Female:** | |  | |  |
|  | | | | | | | | | | | | | |
| 1. **Did any subject voluntarily withdraw from the study?** | | | | | | **Yes:** | |  | | **No:** | |  |  |
|  | | | | | | | | | | | | | |
| 1. **Will new subjects be enrolled in the study?** | | | | | | **Yes:** | |  | | **No:** | |  |  |
| **Provide any known reasons for withdrawal:** | | |  | | | | | | | | | | |
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| 1. **Did any subject suffer an unanticipated adverse event or injury during the study?** | | | **Yes:** | | | **No:** | |
|  | | | | | | | |
| **If yes, did you complete and submit an Adverse Event Report to the IRB?** | | | | **Yes:** | | | **No:** |
|  | | | | | | | |
| **If yes, describe actions taken to resolve the adverse event:** | | | | | | | |
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| 1. **Provide a brief summary of any preliminary results:** | | | | | | | |
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| 1. **Provide a current assessment of the risk/benefit relationship of the research based upon the study results:** | | | | | | | |
|  | | | | | | | |
| 1. **Are you making changes to your study protocol for the next year?** | | **Yes:** | | |  | | **No:** | | |
| ***If yes, please attach the Request for Modification form*** | | | | | | | | |

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| **Principal Investigator:** |  | **Date:** |  |
|  | | | |
| **Faculty Advisor:** |  | **Date:** |  |

*(If applicable)*

*Signature certifies that the study has been conducted in full compliance with the federal and Nebraska Methodist College regulations governing human subject research as stated in the IRB Guidelines*

Non-Exempt proposals are approved for a maximum period of one year. It is the responsibility of the investigator to submit to the IRB an Annual report each year.