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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.

***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?**
 |       |
|  |
| 1. **What is the expected date of completion?**
 |       |
|  |
| 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:** [ ]  |
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| **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:**
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|  |
| 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.