

REQUEST FOR CONTINUING IRB APPROVAL

Title of Research Proposal: _____

Principal Investigator: _____

Address, City/State/ZIP: _____

Phone/Email: _____

Affiliations: _____

Co-investigations/LDH Collaborators: _____

Address, City/State/Zip: _____

Phone/Email: _____

Affiliations: _____

Begin date of Research: _____

End date of Research: _____

Complete **EITHER** Section I or Section II

Section I This study does not require re-review because:

- It is no longer in progress.
- It was never started.
- It was recently re-reviewed on _____ (date).
- There are no changes to protocol and an extension of the end date is requested. New end date is _____.
- Other (Specify) _____

Section II How many subjects have been entered into the study? _____

Do you plan to recruit new participants?
YES NO If so, how many? _____

Have you received or are you aware of any adverse events or unanticipated problems involving risks to subjects or others, including breach of confidentiality, withdrawal of study subjects, or complaints about the study?

Have there been any changes to the informed consent forms?

Have there been any significant changes from the original protocol?

Attach any recent literature, findings, or other relevant information, especially information about risks associated with the research that study subjects should be aware of. Indicate whether study subjects have been informed of these findings.

I certify that the information I have provided in this application is correct and complete. I also pledge that I will not change any of the procedures, forms, or protocols used in this study without first seeking review and approval from the LDH IRB

Signature of Principal Investigator _____ Date _____