**Continuing Review Form**

**CURRENT DATE:**

**PROJECT TITLE**:

**PROJECT NUMBER:**

**PRINCIPLE INVESTIGATOR**:

Name:

Department:

Degrees:

Campus Mailing Address:

Campus Phone:

E-mail Address:

**CO/SUB-INVESTIGATORS NAMES:**

**DATE OF IRB APPROVAL**:

(IRB Approval expires one year from this date)

**RESEARCH STATUS:**

Number of participants enrolled in the research to date: \_\_\_\_\_\_\_\_\_\_

Recruitment is completed: \_\_\_\_Yes \_\_\_\_ No

All Participants have completed all research interventions: \_\_\_\_\_ Yes \_\_\_\_\_\_No

Research remains active only for long term follow-up and data analysis:

\_\_\_\_\_ Yes \_\_\_\_\_ No

Research remains active only for data analysis: \_\_\_\_\_ Yes \_\_\_\_\_ No

Have there been any participant complaints or withdrawals: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain

Summary of research: Summarize the progress of the research using non-technical language, including a description of any IRB-approved and important interim findings.