

If your research project will continue past the original IRB approval date, you must submit a *Continuing Review Form* no later than 3 weeks before the approval expires.

1. PROJECT INFORMATION

- a. Title of Project _____
- b. IRB Number (assigned to project) _____
- c. Expiration Date of Current Approval _____

2. PROJECT STATUS

- a. **ACTIVE** (*recruiting new participants, interacting with participants and/or gathering data*) Yes
- b. **NOT ACTIVE** (*no longer recruiting or interacting with participants. Data analysis continues.*) Yes

3. PARTICIPANTS

Total number of participants enrolled since the previous approval period: _____

Total number of participants enrolled in the study to date: _____

4. Principal Investigator Information

a. Contact Information

Principal Investigator _____

Department or Affiliation _____

Home Address _____

Telephone _____

Email: _____

Note: Students, faculty and staff at Lourdes University must use Lourdes University email account.

b. Student Researcher Information

Lourdes University Student Undergraduate Graduate

Project is for: Capstone Project Course Project Personal Scholarship

Course # and Name _____

Faculty Advisor Name _____

Phone _____ email _____

Program Director Name _____

Phone _____ email _____

c. Faculty or Staff Information

Lourdes Faculty or Staff Faculty Administration Staff

Program or Department _____

Lourdes IRB Continuing Review Form

d. Researcher Affiliated with Other Institution

| | | | |
|-----------------------|-----------------------|------------------|------------------|
| Status | Undergraduate Student | Graduate Student | Faculty or Staff |
| Institution | | | |
| Program or Department | | | |

5. INFORMATION SINCE THE PREVIOUS REVIEW

- a. Have any participants experienced any unanticipated problems (e.g., social, psychological, physical) or have there been any adverse events as a result of this research since the last IRB review? Yes No
- b. Have any participants withdrawn or been asked to withdraw from this research since the last review? Yes No
- c. Have any participants complained about the research since the last review? Yes No
- d. Are you aware of any new relevant information, either through the study itself or through outside sources (e.g., journal articles, conferences, communication with colleagues), that may indicate a possible increased risk of social, psychological, or physical harm to participants in this study? Yes No
- e. Have the potential risks/benefits of this research changed since the last review? Yes No
- f. Have there been any changes in the principal investigator, co-investigators, faculty sponsor, outside researchers, etc. for this project? Yes No

If **yes** is answered to any of the items in number 5, please explain below.

6. ARE THERE ANY REVISIONS PLANNED FOR THE PROJECT? Yes No

If yes, please provide a summary of any proposed modifications, addenda, or amendments that are proposed for the study since the last IRB review and provide a brief justification.

If you are requesting revisions to the currently approved research project, you must submit the entire protocol with changes clearly marked using the Track Changes function of the Reviewing tool.

7. SIGNATURES: Principal Investigator _____ Date _____
Faculty Advisor (if applicable) _____ Date _____

SUBMISSION OF CONTINUATION FORM (and attachments, if appropriate)

- Submit one copy electronically to irb@lourdes.edu.
- Sign the form, obtain the faculty advisor's signature and return to:

Lourdes College
IRB Mailbox, c/o Welcome Center
McAlear Hall
6832 Convent Blvd.
Sylvania, OH 43560

For assistance filling out this form, questions or further information, please contact the IRB Coordinator: ebernal@lourdes.edu or 419-517-8915.