

**Institutional Review Board**

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| **Date Received—**Office Use Only | **Protocol Number—**Office Use Only |

**Continuing Review Form**

The Revised Common Rule implemented on January 21, 2019, removes continuing review requirements from some research projects, including most studies that qualify for Expedited review and all studies that have completed all interactions with subjects and are at the data analysis stage. Your IRB approval letter indicates whether continuing review is required for your project.

**Instructions:**

1. Complete all sections of this form.
2. Submit a copy of the current approved Informed Consent Form(s) used for this study.
3. Submit a copy of your current human subjects protections training.
4. Submit the continuing review application to IRB@SoCalBrainspotting.org
5. Keep a copy of this completed form for your records.

**Study Information**

 Today’s Date: Principal Investigator’s Name:

Project Title:

 Protocol Number:       Last Approval Date:

 Approval Category: ☐ Expedited  ☐ Full Board Review

**Research Team Members**

List all approved research team members currently working on this study:

***A modification request should be submitted if any research team members are being added.***

**Research Progress** (check all that apply)

 ☐ I am still collecting data for this study.

 ☐ I will continue to follow the previously approved protocol.

 ☐ I am submitting a Modification Request Form.

 How many subjects have you enrolled since the last approval?

 How many more subjects are needed to complete the study?

Have any adverse events occurred during the course of this study? ☐ Yes ☐ No

 **If yes**, please explain:

Have you received any complaints about the study? ☐ Yes ☐ No

 **If yes**, please explain:

**Summary**

Provide a brief summary of the research progress:

**Statement of Assurance**

**A. Investigator’s Assurance**:

As a Principal Investigator, I recognize that while I wait for approval of this request I may continue with the ongoing project (as long as the original approval has not expired) unless the risks to participants in the study are greater than originally anticipated. In the event that risk has increased, I will stop data collection until IRB review is complete. My name typed below serves as my acceptance of this statement and of the contents of this form.

[Type name]

**B. Faculty Advisor** (IF APPLICABLE)**:**

As faculty advisor, my name typed below serves as my approval of the continuing review proposed in this form. *(Student applications must include faculty acknowledgement.)*

[Type name]