

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: _____

- Section I** This study does not require an extension or a continuing review because:
- ☐ It is no longer in progress.
 - ☐ It was never started.
 - ☐ There are no changes to protocol and an extension of the end date is requested. The end date is _____.
 - ☐ Other (Specify) _____

- Section II**
1. How many subjects have been entered into the study? _____
 2. Do you plan to recruit new participants?
☐ YES ☐ NO If so, how many? _____
 3. Have you received all the data from LDH as agreed upon in your application? Or, if relevant, has it all been transmitted to its agreed upon destination?
☐ YES ☐ NO
 - If not, when do you expect it will be complete? _____
 4. 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?
☐ YES ☐ NO
 5. Have there been any changes to the informed consent forms?
☐ YES ☐ NO
 6. Have there been any significant changes from the original protocol?
☐ YES ☐ NO
- 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 _____