# CONTINUATION/RENEWAL APPLICATION

**Submission Date:****Project Start Date:****Recent IRB Approval Date:**

**Research Protocol Title:**

**Principal Investigator:****Institution:**

**Research Study Contact:****Email:**

**Phone:**

* **Extension of study, no changes** N/A

**Extension of study with study changes/modifications**

If extending with changes/modifications, including consent form changes, submit an ‘Amendment’ application

* **Enrollment Status on \_\_\_\_\_\_\_\_\_ Reservation**

Is enrollment complete? Yes No N/A

1. If enrollment is not complete, enter the estimated date of completion:
2. Number of participants still in ‘follow up’:
3. Enter the number of individuals enrolled in the study since the start date:
4. Enter the number of individuals enrolled in the study since the last continuation:
5. If enrollment not begun, enter the estimated date for enrollment to start:

* **Consent**

If enrollment is ongoing, please attach a copy of the consent document being used**.** N/A

* **Participation Discontinued** N/A

1. Enter the number of individuals who voluntarily discontinued participation in the research study in the last year:
2. Enter the number of individuals that were removed by the investigator:

* **Was there an unanticipated problem, protocol deviation or adverse event in the past year?**

If ‘Yes’, please describe the event and attach a copy of any applicable reports filed.

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* **List other reservation resources used in this research study in the past year (e.g., land, water, plant life, wildlife, historical records or artifacts) and indicate if use of these resources will continue in the next year:** N/A
* **Have all forms of data collection for the research project been completed?** Yes No Additional Comments:

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* **List any research products created in the last year (e.g., abstracts, conference presentations, publications, media releases)?**  Yes, documents attached N/A

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| **Date**  (Submission/  Presentation/  Publication) | **Author/s or Presenter/s** | **Title** | **Format**  (poster, presentation,  manuscript PMID) |
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**I certify that the information provided in this application, including attachments, is true.**

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Principal Investigator Signature Date