**IRB Continuing Review Form**

*An IRB shall conduct continuing review of research covered by this policy at intervals appropriate to the degree of risk, but not less than once per year, and shall have authority to observe or have a third party observe the consent process and the research (45 CFR 46.109 (e)).*

This form was developed to obtain information about study experiences to date and to assist the Institutional Review Board (IRB) in their review of approved research. Continuing review of active protocols is as important as the initial review, as it is only after the research has begun that real risks can be evaluated and results can be used to assess the risk/benefit ratio. **Complete this form and send it to iboard@hamilton.edu (student** **PIs should copy their advisor on this correspondence).**

**Today’s Date:**

**IRB Approval #:**

**Project/Protocol Title:**

**Principal Investigator:**

**Project Status**

☐ Currently enrolling participants (study is actively occurring and research is active)

☐ Closed to enrollment, research continues (study is closed to new participant enrollment, research is active)

**Summary of purpose of study:**

**Number of participants enrolled to date:**

**Estimated total enrollment:**

**Summarize any results obtained to date:**

**Did any participants withdraw from the study prior to completing the planned protocol? If yes, describe the circumstances.**

**Have there been any unanticipated problems since the last IRB review of this project? If yes, describe the circumstances.**

**Have there been complaints about the research from any source since the last IRB review of this project? If yes, describe.**

**Has the risk/benefit assessment for the protocol changed since the last IRB review of this project based on data collected to date? If yes, describe.**

**Have the consent form, advertisements, interviews, scripts, questionnaires, or surveys used changed since this protocol was last reviewed? If** **yes, please complete the Modification Form and submit concurrently with this form.**

**Please list any new information relevant to this** **research that you feel the IRB should know.**

*By signing my name below, I certify that the answers provided on this form are complete and accurate. I assure that all protocol activities will take place in accordance with state, federal and college regulations.*

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Signature of Principal Investigator Date

*(Insert a .jpg image of your handwritten signature here)*