

Stonehill College Institutional Review Board

CONTINUING REVIEW FORM

Please return one typed, signed copy to Bonnie Troupe
Director, Academic Development
Duffy 119 or btroupe@stonehill.edu

Original Protocol Information

Principal Investigator of Record:

Faculty/Staff Sponsor (if applicable):

Title of Research Project:

IRB #:

Date IRB Approval Expires:

Project Status

1. The current status of this project is:
 - Unchanged/Ongoing
 - Requesting Changes
 - Completed
 - Project Never Started
 - Other (Please explain on separate attachment.)

2. Number of human subjects involved in with the study in the last 12 months:

3. Have there been any changes in the protocol in the last 12 months that you did not report to the IRB, or are there any planned changes to the research protocol?
 - Yes No Not Applicable

Note: Include any and all changes in an attachment and include appropriate paperwork (revised protocol, informed consent updated for new approval year, new questionnaire etc.) Examples of changes include: change in investigator(s); change in project title; altered methodology; even the slightest change to the research question; etc.

4. In the past 12 months, has there been any information from your studies or from recent literature or scientific information that indicates a need to modify this study or may change the risk/benefit ratio of this study?
 - Yes No

Note: If the risk/benefit ration has changed, please explain in an attachment. Include any relevant information that may have an impact on the continued safety and appropriateness of this study and any amendments that may be required.

PLEASE NOTE: This approval is only for a 12-month period. Federal Regulations Require that the IRB should conduct continuing review of research covered by these Regulations at intervals appropriate to the degree of risk, but not less than once per year.

Principal Investigator Signature:

Date:

Faculty/Sponsor Signature (if applicable):

Date: