

### REQUEST FOR CONTINUING IRB APPROVAL

Title of Research Proposal: \_\_\_\_\_  
Principal Investigator: \_\_\_\_\_  
Address, City/State/ZIP: \_\_\_\_\_  
Phone/Email: \_\_\_\_\_ / \_\_\_\_\_  
Affiliations: \_\_\_\_\_  
Co-investigators/DHH Collaborators: \_\_\_\_\_  
Address, City/State/Zip: \_\_\_\_\_  
Phone/Email: \_\_\_\_\_  
Affiliations: \_\_\_\_\_  
Begin date of Research: \_\_\_\_\_  
End date of Research: \_\_\_\_\_  
Complete **EITHER** Section I or Section II.

**Section I** This study does not require re-review because:  
It is no longer in progress.  
It was never started.  
It was recently re-reviewed on \_\_\_\_\_ (date).  
There are no changes to protocol and an extension of the end date is requested. New end date is \_\_\_\_\_.  
Other (Specify) \_\_\_\_\_

**Section II** How many subjects have been entered into the study?

Do you plan to recruit new participants?

If so, how many? \_\_\_\_\_

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?

Have there been any changes to the informed consent forms?

Have there been any significant changes from the original protocol?

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 DHH IRB.

**Signature of Principal Investigator**

**Date**

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**\*PLEASE SUBMIT A COPY OF LETTERS OF ENDORSEMENT LAST IRB APPROVAL LETTER WITH THIS FORM.**