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|  | EASTERN CONNECTICUT STATE UNIVERSITY  Office of the Vice President for Academic Affairs  Gelsi-Young Hall, Willimantic, CT 06226  Ph: 860-465-5245 | CUHSR use only: Protocol # Click or tap here to enter text. |

COMMITTEE ON THE USE OF HUMAN SUBJECTS IN RESEARCH

OHRP IRB00005900 Eastern Connecticut State U IRB #1 Federalwide Assurance FWA00011898

**IRB-5 Application for Continuing Review of Approved Research**

Read these important notes before completing this application:

1. There may be periodic updates to this form, so please be sure to use the current version.
2. Only complete applications with all the required information and documentation (consent form, etc.) will be reviewed.
3. Do not alter this application/convert it to another format (PDF, etc.). Altered applications will not be reviewed.
   1. Tap in the boxes to check/uncheck your selections.
   2. Use the “Click or tap here to enter text” to enter all information. The boxes will adjust to accommodate however much space you need. Do not bold the text you enter in the text boxes.

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| **Section 1: General Information** |
| **Name of Principal Investigator:** Click or tap here to enter text.  **Department:** Click or tap here to enter text.  **Email:** Click or tap here to enter text.  **Phone:** Click or tap here to enter text.  **Study title:** Click or tap here to enter text.  **IRB Protocol Number:** Click or tap here to enter text.  **Protocol Expiration Date:** Click or tap here to enter text. |

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| **Section 2: Research Information** |
| **1. If applicable, list source(s) of funding procured or sought for the project, including the full name of the sponsor, and sponsor’s project identification number or code for the procured source(s) of funding.**  **N/A** Click or tap here to enter text.  **2. Provide the number of subjects enrolled since the last review and the total number of subjects enrolled to date.**  Click or tap here to enter text.  **3. Provide a description of the subject population by gender and other relevant demographics.**  Click or tap here to enter text.  **4. If applicable, provide a summary of any approved changes to the research protocol and the dates they were approved.**  **N/A** Click or tap here to enter text.  **5. Provide a summary of the research results to date.**  Click or tap here to enter text.  **6. If applicable, provide a summary of any unanticipated problems and/or adverse events (in many cases, such a summary could be a simple brief statement that there have been no unanticipated problems and that adverse events have occurred at the expected frequency and level of severity as documented in the research protocol, the informed consent document, and any investigator brochure).**    **N/A** Click or tap here to enter text.  **7. If applicable, describe any difficulties recruiting or retaining subjects, and the number of subjects, if any, who withdrew from the research since the last CUHSR review.**  **N/A** Click or tap here to enter text.  **8. If applicable, provide a summary of any complaints about the research since the last CUHSR review.**  **N/A** Click or tap here to enter text.  **9. If applicable, provide any relevant multi-center or multi-investigator progress reports.**  **N/A** Click or tap here to enter text.  **10. If applicable, describe any proposed changes in the study protocol, including any newly proposed informed consent document.**  **N/A** Click or tap here to enter text.  **11. If applicable, provide any additional information that will aid the CUHSR in evaluating the research.**  **N/A** Click or tap here to enter text.  **12. A copy of the informed consent document currently in use (as most recently approved by the CUHSR) must be attached.**  **Is the informed consent document attached?**  Yes  No |