Institutional Review Board (IRB)
Murray State University
Continuing Review

If your research approval expires before the application for Project Update and Closure is processed, you must resubmit your entire protocol for the review and approval process. **Adverse events must be reported to the IRB at msu.irb@murraystate.edu immediately following any such occurrence.**

The principal investigator should complete this application. If the investigator is a student, the student's faculty sponsor must approve and submit the application. All research that has been approved by the IRB must be reviewed annually regardless of whether the research was classified as Exempt from Further Review, Expedited or Full Review until closed by the IRB Coordinator. This form must be submitted for IRB review before the end date of the approval period as stated in the most recent approval letter. Failure to complete the Project Update or Closure form in the stated time frame will result in the closure of the study due to noncompliance and the MSU IRB will no longer accept any responsibility for the research. **You must submit this signed form as a pdf document along with a pdf copy of the consent document actually used in this study to** msu.irb@murraystate.edu.

Principal Researcher: ☐ Undergraduate Student ☐ Graduate Student ☐ Faculty ☐ Other

Principal Research:

Faculty Sponsor (if P.I is a student):

Project Title:

Current IRB Protocol Number:

Identify Current Status of Research: ☐ Ongoing ☐ Completed ☐ Discontinued

Identify the Previous Level of Review of the Research: ☐ Exempt ☐ Expedited ☐ Full Review

b) If project was Expedited or Full: What was the minimum number of subjects needed as identified in the original protocol application?

c) Is data totally anonymous with no identifiers attached and no method of determining the identity of the participants?

☐ Yes ☐ No

If no:

Number of subjects accrued to-date:
Number of subjects planned for next twelve months:
Has data analysis been completed? ☐ Yes ☐ No

If no:

Will analysis begin in the next twelve months? ☐ Yes ☐ No

Provide a short status report on the progress of the research to date.

1. Attach one copy of the consent form, signed by a research participant, or one copy of the cover letter used in the research

Is the consent form or cover letter identical to the one approved by the IRB?

☐ Yes ☐ No

If *no*, please provide an explanation of the changes.

3. List any reportable adverse events that have occurred since the previous approval. A detailed report should have been submitted to the IRB promptly following any such occurrence.

Provide answers to items 4, 5, and 6 only if your research is ongoing and you are requesting continuing review:

4. Provide a summary of any recent literature, findings, or other relevant information about risks associated with the research.

5. Is the research protocol currently in use identical to that previously approved by the IRB?

☐ es ☐ lo

If *no*, please submit a new application.

6. Describe any changes or proposed changes in the study design. If research includes a revised questionnaire or interview, the new questionnaire must be included. **Changes to the research design or to the informed consent document(s) must receive IRB approval prior to implementation.**

8.**Request for Continuing Review (required for all studies still in the process of data collection and for those studies continuing analysis of identifiable data):**

SIGNATURES: I certify that to the best of my knowledge the information presented herein is an accurate reflection of the continuing activity. I confirm the accuracy of this application, and I accept responsibility for the conduct of this activity, the supervision of participants, and maintenance of informed consent documentation as required by the IRB.

A._____ _____ *Principal Investigator* *Date*

B. Statement of Approval by Faculty Mentor (required for all students):

I confirm the accuracy of this application, and I accept responsibility for the conduct of this activity, the supervision of participants, and maintenance of informed consent documentation as required by the IRB.

_____ _____

Faculty Mentor *Date*

FOR IRB USE ONLY *Signatures below certify review of the project to determine that humans involved in this study are protected in accordance with HHS 45 CFR Part 46.*

_____ _____
IRB Chair *Date*

_____ _____
IRB Vice Chair *Date*

_____ _____
IRB Member *Date*

_____ _____
IRB Member *Date*

_____ _____
IRB Member *Date*

_____ _____
IRB Member *Date*

_____ _____
IRB Member *Date*

_____ _____
IRB Member *Date*

Initial Review:_____
- ☐ Continuing-Approved
- ☐ Continuing-Approval Pending
- ☐ Continuing-Deferred
- ☐ Continuing-Declined
- ☐ Closed

Final Review:_____
- ☐ Continuing Approved
- ☐ Closed
- ☐ Other: _____