

**INTER AMERICAN UNIVERSITY OF PUERTO RICO**

**INSTITUTIONAL REVIEW BOARD (IRB)**

**CONTINUING REVIEW FORM©®**

**Updated: 01/2019**

**II. IRB NET ID NUMBER:**

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| 1. **Study Title:** (If externally funded it must match the original title under it was submitted to the IRB and the external fund application)
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| **III. Principal Investigator Information** | **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **IV. Research Staff** (if applicable) | **Name** | **Date of Last CITI Training Certification** |
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| **V. Information about the Research Study :** | **Is the study externally funded? \_\_\_ Yes \_\_\_No****If yes provide sponsor agency name and grant number: \_\_\_\_\_\_\_\_\_\_****Since the last IRB review describe any findings or observations regarding your study:****Does these findings increased risks of participants?** **\_\_\_ Yes** (if yes provide explanation) **\_\_\_No****Is this new information included in a new consent/assent form?** **\_\_\_ Yes** (provide new consent form) **\_\_\_ No** |
|  | **Have you received any complaints from participants?** **\_\_\_ Yes** (if yes please explain) **\_\_\_ No****Have there been any unanticipated problems or delays in performing the research with human subjects?****\_\_\_ Yes** (if yes please explain) **\_\_\_ No** |
|  | **Have there been any changes in research methodology since the last IRB review?****\_\_\_\_ Yes** ( if yes provide documents and explanation of changes)**\_\_\_ No****Describe any other reasons for requesting a continuing review:** |

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| **VI. Participant Enrollment:** | **Original number of Participants approved by IRB: \_\_\_\_\_****Number of participants who consented to participate: \_\_\_\_\_****Number of participant’s withdrawals since originally approved by IRB:** ( also, provide information about reasons for withdrawals)**Have you asked any participant to withdraw from the research? If so, why?** |

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| **VII. Principal Investigator’s Certification & Signature:** ( if a graduate student the Research Advisor must also sign) *I certify that the information provided in this continuing review application is complete and correct. I understand that as Principal Investigator, I am responsible for the* ***conduct and ethical performance*** *of this project (including complying with intellectual property, conflict of interest, plagiarism, data management and related regulations), the protection of the rights and welfare of human subjects, and strict adherence to any stipulations imposed by the IAUPR Institutional Review Board.* ***Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_******Signature of Research Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_*** |