

## Study Continuation/Close Out

Project Director or Investigator(s): \_\_\_\_\_

If student, please provide faculty mentor: \_\_\_\_\_

Today's date: \_\_\_\_\_

Department: \_\_\_\_\_

Project or Grant Title: \_\_\_\_\_

Instructions: If you are in need of a periodic review of a continuing project, please fill out part A and submit to the IRB. If you need to make a revision to a previously approved project, please fill out part B and submit to the IRB.

### **Part A:**

Project start date and anticipated end date:

Where has the work been done? Where will the continuing work be done?

Has your project changed it's involvement with participants or individuals from any special/vulnerable populations?

- Yes
- No

How many participants have been recruited to participate in the study?

How many have dropped out of the study?

When do you plan to stop recruiting participants, if you haven't already?

Please give a short summary of what you have completed so far:

Have there been any unanticipated problems with the study that should be brought to the IRB's attention?

- Yes
- No

If yes, please explain what they are:

Please provide a detailed plan of what you hope to accomplish in the next year:

**Part B:**

Project start date and anticipated end date:

Has your project changed its involvement with participants or individuals from any special/vulnerable populations?

- Yes
- No

Please provide an explanation as to how your project/study has changed since it was recently approved by the IRB. Given your answer, the IRB may present you with additional forms to be completed.