**Springfield Technical Community College IRB**

**APPLICATION FOR CONTINUING REVIEW or STUDY CLOSURE**

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| Name of Principal Investigator |  | | Date | |  |
| Address |  | | | | |
| Email | |  | Phone |  | |

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| 1. Summary of Progress Attach a separate sheet, if necessary | | | | |
| Give a summary of your progress to date | | | | |
| Have you had any publication additions or recent literature citations of your study? | Yes |  | No |  |
| Have you presented your study at any conference or other events? | Yes |  | No |  |
| If yes, describe and list all publications and/or presentations | | | | |

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| 2. Indicate the current status of human participant use (check appropriate column) | | | |
|  | Participants have been run | Total number of participants run to date |  |
|  | No participants have been run to date | Will run participants starting |  |
|  | Participant intervention/participation is completed | Completion occurred on |  |
|  | No participants have been or will be enrolled (chart review or existing data) | | |

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| 3. Close the Study | |
| Please provide final study report, progress reports, and publications to the IRB as they become available. | |
|  | Close the study. Enrollment and follow up are complete and no further contact with participants/records/specimens is anticipated. Describe the reason for closure (e.g., enrollment goals achieved, reason for early termination) |

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| 4. Data and Safety Monitoring | | | | | | |
| Have any new or increased risks been identified since the most recent IRB review? | Yes |  | | No | |  |
| If yes, explain the risks and what precautions have been taken to minimize those risks | | | | | | |
| Have changes in the scientific literature, or interim experience with this or related studies, changed your assessment of potential risks or benefits to study subjects? | Yes | |  | | No |  |
| If yes, describe the literature or experience | | | | | | |

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| 5. Funding/Grants (please check appropriate column to indicate status) | | | | | | |
|  | Proposal | | | | | |
|  | Funding Pending | | | | | |
|  | Funded | | | | | |
|  | Not Awarded (applied for funding, but was not awarded) | | | | | |
|  | Not Applicable (never applied for funding) | | | | | |
| Title of Grant (if different than IRB title) | | | | | | |
| Sponsor Name and # |  | PI on Grant |  | | | |
| Is the funding from a Federal source: | | | Yes |  | No |  |

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| 6. Withdrawal, Complaints, Adverse Events and Unanticipated Problems | | | | | |
| Have participants been withdrawn in the past approval period by the Principal Investigator? | Yes | |  | No |  |
| Have participants self-withdrawn from the study in the past approval period? | Yes | |  | No |  |
| If you answered yes to either of the above, explain how many of each and the reasons for withdrawal. | | | | | |
| Have there been participant complaints about the research during this past approval period? | Yes | |  | No |  |
| If you answered yes, explain how many complaints have been received as well as what they were and what measures were subsequently taken to guard against similar occurrences. | | | | | |
| Have there been any adverse events during the past approval period? | | Yes |  | No |  |
| If yes, were the adverse events reported to the IRB Office | | Yes |  | No |  |
| *\*If there were any adverse events that were NOT reported, please contact the IRB chair immediately* | | | | | |

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| 7. Protocol Modification | | | | |
| Do you wish to make any changes to the protocol at this time? | Yes |  | No |  |
| If yes, please submit an APPLICATION FOR PROTOCOL MODIFICATION to the IRB | | | | |

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| 8. Certifications |
| As Principal Investigator, I certify that to the best of my knowledge, the information provided on all pages is correct and no other procedures will be used in this protocol. I agree to conduct this research as described in the attached supporting documents and I will request and receive approval from the IRB for changes prior to implementing any changes in the protocol. I will comply with STCC IRB policies for conducting ethical research and I will be responsible for ensuring that my co-investigator(s) comply with this protocol. Any unanticipated problems and/or adverse events in the course of this study will be reported promptly to the IRB chair. |

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| PI Signature |  |
| Typed Name |  |
| Date Signed |  |