**Request for Continuation Form**

For office use only

Protocol #:
Date Received:

The Colorado Mesa University (CMU) Institutional Review Board (IRB) must review all projects that involve human participants. Federal regulations require that research protocols be reviewed by the IRB on a regular basis for continued approval. No research may be conducted passed the expiration date unless the study has been reviewed and renewed by the IRB. If the duration of the project exceeds the length of the approval period, a **Request for Continuation must be submitted one month before approval expires.**

**Note:** CMU policy requires that all persons listed on this document show successful completion of training in the protection of human participants in research. Please attach CITI training completion report for all listed persons. This protocol will not be reviewed until all CITI training records are attached. *Further instructions are in red.*

**General Instructions**

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| 1. All submitted protocols must be signed and dated.
2. Student research must be reviewed, signed and dated by the advisor.
3. This form is to be used when a project exceeds the length of the approval period.
4. This form must be submitted one month before the approval period expires.
5. Send completed electronic submission to irb@coloradomesa.edu.
6. To maintain proper record keeping, all communication with the IRB or the IRB Administrator must be through irb@coloradomesa.edu.
7. Questions may be addressed to the IRB Administrator at irb@coloradomesa.edu or by telephone at (970) 248-1424.
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**Protocol Information**

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| Protocol Number:       |
| Title of Project:       |
| Review Determination: Choose an item. |
| Expiration Date on Approval Letter: Click or tap to enter a date. |

**Enrollment Information**

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| *Please choose an enrollment option that best describes the current project's recruitment status of participants.* |
| Choose an item. |

**Investigator(s) Information**

*NOTE: CMU Investigators should use their CMU email address for IRB documentation and communication.*

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| **Principal Investigator (PI):**       | **Email:**       |
| **Department:**       | **Phone:**       |
| **CITI training number:**       | **CITI Human Subjects expiration date:**       |
| Co-Principal Investigator 1:       | Email:       |
| Department:       | Phone:       |
| CITI training number:       | CITI Human Subjects expiration date:      |
| Co-Principal Investigator 2:       | Email:        |
| Department:       | Phone:       |
| CITI training number:       | CITI Human Subjects expiration date:      |
| Co-Principal Investigator 3:       | Email:        |
| Department:       | Phone:       |
| CITI training number:       | CITI Human Subjects expiration date:      |
| Co-Principal Investigator 4:       | Email:        |
| Department:       | Phone:       |
| CITI training number:       | CITI Human Subjects expiration date:      |
| Co-Principal Investigator 5:       | Email:        |
| Department:       | Phone:       |
| CITI training number:       | CITI Human Subjects expiration date:      |
| *Note: Additional Investigators can be added using the Additional Investigator Form.*  |
| *If Principal Investigator (PI) or Co-PI is a student:* |
| Faculty Advisor/Chair of thesis or dissertation committee:        | CMU Email:       |
| Department:       | CMU Phone:       |
| CITI training number:       | CITI Human Subjects expiration date:      |

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| ***Provide the information requested below.*** *All answers below are required.* |
| **Protocol Modifications** |
| 1. Are you submitting any protocol modifications (e.g., changes in personnel, materials, procedures, etc.) for review along with the Continuing Review Form? *If yes, please include an up-to-date and completed Protocol Modification Form in additional to the Continuation Review Form.*  | Choose Yes or No |
| ***Incidents/Adverse Events*** |
| 2. Have any incidents/adverse events occurred during the duration of the approval period that you have not reported to the IRB? *If yes, please include a completed Incident Report Form to this Continuation Review Form.*  | Choose Yes or No |
| ***Participant Risk/Benefits*** |
| 3. Has any new information been obtained that may alter the risk/benefits to participant in research? If yes, please explain:       | Choose Yes or No |

**Study Status**

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| 4. How many participants have enrolled in the study to date?  | Click or tap here to enter text. |
| 5. How many participants was your study approved to enroll?  | Click or tap here to enter text. |
| 6. How many participants do you intend to enroll in the future?  | Click or tap here to enter text. |
| 7. How many participants have withdrawn from your study to date?  | Click or tap here to enter text. |
| 8. Please describe the reasons for withdrawal from the study, if known.  | Click or tap here to enter text. |

**Required Signature(s)**

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| ***OPTIONS:****(1) Insert an image of your signature, such as those freely created and saved through sites like [SignWell](https://www.signwell.com/online-signature/)* *OR (2) Print this document, once completed but for signatures, sign, and scan the document with your signature.*  |
| **Principal Investigator (PI) Signature and Date:****Signature:** {insert signature here}**Date:** Click for date. |
| [ ]  | By checking this box and typing or signing my name and date below, I certify that the information provided above is correct and that this research will be conducted in accordance with federal regulations and CMU IRB policies and procedures on research with human participants. |
| **If PI is a student: Add Advisor/Sponsor Signature and Date *Note to Advisor/Sponsor:*** *After reviewing, please send completed protocol package from your CMU e-mail account to* *irb@coloradomesa.edu**.* |
| **Advisor/Sponsor Signature and Date:** **Signature:** {insert signature here}**Date:** Click for date. |
| [ ]  | By checking this box and typing or signing my name and date below, I certify that I have reviewed and approve this student submission. I agree to supervise the research conducted by the student and I am aware that I am the responsible party for this research. I certify that this research will be the conducted in accordance with federal regulations and CMU IRB policies and procedures on research with human participants. |
| **Advisor:** After reviewing, please send completed protocol package from your CMU e-mail account to irb@coloradomesa.edu.  |

**Email this form to** **irb@coloradomesa.edu****.**