

**UNIVERSITY OF NOTRE DAME  
HUMAN SUBJECTS INSTITUTIONAL REVIEW BOARD (HSIRB)**

**REQUEST FOR CONTINUATION OF PREVIOUSLY REVIEWED PROTOCOL**

PROJECT TITLE:

\_\_\_\_\_

PREVIOUSLY APPROVED PROTOCOL NUMBER: \_\_\_\_\_

PRINCIPAL INVESTIGATOR(S):

Name \_\_\_\_\_ Department \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Department \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**Request for Continuation Procedure:**

***Continuing review of research must be substantive and meaningful. The IRB must receive a copy of the complete protocol including any modifications previously approved by the IRB (OHRP January 15, 2007). This includes all instruments and Informed Consent documents.***

**1. Please answer the following questions concerning the status of your current research:**

Number of subjects participating to date: \_\_\_\_\_

Were there any adverse events or unanticipated problems involving risks \_\_\_\_\_ Yes \_\_\_\_\_ No to subjects or others? If yes, please explain in your updated protocol.

Were there any withdrawals of subjects or complaints about the research? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain in your updated protocol.

Have there been findings since your initial protocol submission relevant to \_\_\_\_\_ Yes \_\_\_\_\_ No any risks associated with this research? If yes, please summarize in your updated protocol.

**2. Please highlight any changes or modifications to the protocol and forward three (3) copies of the updated protocol along with consent documents and instruments to:**

Tracey Poston, PhD  
Director of Research Compliance & HSIRB Administrator  
Office of Research  
317 Main Building

\_\_\_\_\_  
Principal Investigator

\_\_\_\_\_  
Date

**HSIRB USE ONLY**

**HSIRB Number** \_\_\_\_\_ **Date Received** \_\_\_\_\_

\_\_\_\_\_  
HSIRB Administrator

\_\_\_\_\_  
HSIRB Chair

*This form contains interactive "fillable" form fields. You may save it to your computer and type in your information. Then print, sign, and return.*