Date Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(To be completed by IRB Secretary)

# **YOUNGSTOWN STATE UNIVERSITY**

# **Institutional Review Board**

## **CONTINUING REVIEW FORM**

Protocol # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Starting Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Anticipated Project Completion Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To comply with University policy governing research involving human subjects, a continuing review is necessary. Please complete this questionnaire and return it to the Office of Research Services in Melnick Hall, Room 2101.

1. Please describe progress to date on this project (e.g. “We have recruited \_\_\_ number of subjects and \_x\_ number have dropped out of the study so far”; “Data collection is complete and data are now being analyzed on \_x\_ number of subjects and \_x\_ dropped out of the study”; “Recruitment of subjects was delayed but will begin on January 27”, etc.). Give details.
2. Please describe activities that you will complete when your project is approved for continuation. Give details.
3. Have there been any changes/modifications that you have made to this project?

\_\_\_\_\_ yes \_\_\_\_\_ no If “yes”, please provide sufficient details.

1. Have you encountered problems involving human subjects in this project that were not anticipated in your original proposal?

\_\_\_\_\_ yes \_\_\_\_\_no If “yes”, please describe problems in sufficient detail

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**(This section to be completed by YSU IRB)**

On \_\_\_\_\_\_\_\_\_\_\_\_\_\_the Institutional Review Board reviewed the continual review responses and evaluated any supplemental information and makes the following recommendation to the Dean of Graduate Studies:

\_\_\_\_\_ Approved

\_\_\_\_\_ Approved with attached restrictions

\_\_\_\_\_ Disapproved for attached reasons \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chair, YSU IRB