



ALABAMA A&M UNIVERSITY
OFFICE OF RESEARCH COMPLIANCE
IRB APPLICATION FORM



REQUEST FOR RESEARCH PROJECT CONTINUATION

Required Information:

1. Initial IRB Approval #
2. Principal Investigator's Name:
3. Project Name:
4. Initial Expiration Date:
5. Type of Continuation Requested: (check appropriate statement below)

I am requesting continuation of research on this project, for a period of no longer than 12 months. There are no changes *of any kind* to the study project protocols, as they were originally approved by the Institutional Review Board of Alabama A&M at the project's inception. **I am still collecting data** for this study, which is being securely stored and protected in the manner described in the original protocol for this research project.

Please answer the 3 research review questions below.

1. When do you anticipate completing this research?
2. Now that you have been doing this research for a year, please reassess the risks (physical, psychological, financial, social, legal, etc.) posed to participants. Are the actual risks and benefits to your participants as anticipated?
3. How many participants have withdrawn from your research, and why?

OR

I am requesting continuation of research on this project, for a period of no longer than 12 months. **I am making changes to the study project protocols**, as they were originally approved by the Institutional Review Board of Alabama A&M University at the project's inception. I am requesting these changes as described below. (If no change from original application state NO CHANGE).

Changes to the Purpose of the Study:

Changes to Questions or Hypotheses:

Changes in Description of the Subjects or Number of Controls:

Changes to Description of Procedure:

Changes in Instrumentation (Brief Description if instrument not available). Attach new instruments if available.

Changes in Duration of the Study:

- a. Total Amount of Time with each Subject:
- b. Time to Complete the Study:
- c. When do you anticipate completing this research?

Changes in Benefit(s) of the Study:

Changes in Possible Risks to the Subjects and the Precaution Taken to Avoid the Risks:

Changes in Confidentiality / Anonymity

Your signature below indicates that you have read and understood the information provided above.

Signature of Research Project Investigator:

_____ **Date:**

Phone: (Office)

E-Mail:

Name of Additional Investigators

IRB Institutional Action:

_____ Continuation Application Approved.

_____ Application denied at this time. Additional information requested and consists of the following:

_____ Application denied

Signature:

_____ **IRB Chair**

_____ **Date**