

Construyendo Esperanza

INSTITUTIONAL REVIEW BOARD

CONTINUING REVIEW OF IRB-APPROVED RESEARCH

Please do not complete this form if your study was approved for Exemption .						
If your study requires full board review, please submit this form prior to the next full board meeting						
scheduled to be on the 4th week of the month. Please note that the deadline for submission is on the 1st						
of the month. Please ensure that there is a reasonable time for the board to review and approve your						
application before the s	tudy expires.					
Protocol Title						
Principal		IRB Approval No.				
Investigator		IKB Approval No.				
Co-Investigator(s)						
Approval Date for las	st/previous continuing					
	continuing review, state "NA")					
Sponsor/Funding	-					
) of current funding agency and					
	bmit a copy of the notice of					
grant approval, if not pr						
Does your study require approval of any other committee(s) e.g. Biosafety, Radiation (If yes, please attach current approval letters.)						
,	() , , ,	,				
Status of Research (Please check (x) all relevant bo	oxes)				
Data Analysis C	()					
Research on Ho						
Research has not Begun. Reasons:						
	ects. Version No. & Date of C	onsent Form:				
(Please include a copy of the consent form currently used, if the consent form has been						
amended since the previous submission)						
Following up on Subjects						
Discontinued. Should the IRB inactivate the continuing review of this research?						
Yes / No		_				
Study Completi	on					
Start Date (If not start	ed, give estimated date)					
	ongoing, give estimated date)*					
	ary of any amendments or modif	ications to the research,	interim findings, any			
relevant multi-center trial reports, information about additional risk, and relevant recent literature since						
the last review. (attached additional page if necessary)						

Section A

	rt of Serious Adverse Events (SAE) (If ap number of SAEs notified to IRB	,		
i.	Number of SAEs from CCC			
ii.	Number of SAEs outside CCC			
iii.	Number of local subjects involved			
iv.	Number of subjects involved			
Nature of SAEs. Please provide a summary of adverse events and any unanticipated problems				
involving risks to subjects or others since the last review. (If none, put "None")				
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Section B

Report of Serious Adverse Events (SAE) (If applicable)					
Total	number of SAEs notified to IRB				
٧.	Number of SAEs from CCC				
vi.	Number of SAEs outside CCC				
vii.	Number of local subjects involved				
viii.	Number of subjects involved				
	e of SAEs. Please provide a summary of ing risks to subjects or others since the last	adverse events and any unanticipated problems st review. (If none, put "None")			
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Principal Investigator assurance and signature				
I certify that the information provided is complete and accurate. As Principal Investigator, I have				
ultimate responsibility for the conduct of this study, the continued ethical acceptability of the project, the protection of the rights and welfare of human subjects.				
Signature of Principal Investigator	Date			