COLLEGE of CENTRAL FLORIDA
–an equal opportunity college–

HUMAN RESEARCH PROTECTION INSTITUTIONAL REVIEW BOARD

IRB CONTINUING REVIEW/TERMINATION

IRB Number of Currently-Approved Research Protocol: _____

Dates of Currently-Approved Research: _____ to _____

Title of Currently-Approved Research Protocol: _____

SECTION 1

Principal Investigator (PI): _____

Address: _____ **Telephone:** _____

PI Signature: _____ **Date:** _____
MM/DD/YY

SECTION 2

Supervisor/Administrator: _____

Address: _____ **Telephone:** _____

Supervisor/ Administrator Signature: _____ **Date:** _____
MM/DD/YY

SECTION 3

Number of participants involved to-date: _____

Number of participants remaining: _____

SECTION 4

CF's IRB approval for this project is about to expire. Check one of the three options:

- ☐ The project is complete. Please terminate.
- ☐ The project is not complete, however human participants will not be involved in this project after CF IRB approval expires.
- ☐ The project is not complete, and I request continued IRB approval. **Check all that apply:**
  - ☐ I request an extension of the approved research period to the following date : _____
    MM/DD/YY
  - ☐ No change will be made to the approved protocol or methodology.
  - ☐ I request a change to the approved protocol or methodology. (See attached IRB Addendum/Modification Request Form.)
  - ☐ Participant risk has not increased during the current IRB approval period and is not expected to increase during the continuation period.
  - ☐ Participant risk has increased during the current IRB approval period and is now being reported to the IRB on the attached IRB Adverse Event/Unanticipated Problem/Increased Risk Report Form.

College of Central Florida offers equal access and opportunity in employment, admissions and educational activities. For inquiries regarding nondiscrimination policies contact the Title IX Coordinator at 352-291-4410 or Compliance@cf.edu. Visit CF.edu/TitleIX for details.

- ☐ No adverse affects or unanticipated outcomes occurred during the current IRB approval period.
- ☐ Adverse affects or unanticipated outcomes occurred during the current IRB approval period as previously reported to the IRB on the IRB Adverse Event/Unanticipated Problem/Increased Risk Report Form.
- ☐ Participants withdrew and/or complaints were received about the research during the current IRB approval period (see attached Participant Withdrawal/Complaint Report Form).
- ☐ Participants were informed of project findings during the current IRB approval period and no re-consent was needed.
- ☐ Participants were informed of project findings during the current IRB approval period and re-consent was needed because the findings may have affected their decision to participate.
- ☐ I request a change to the informed consent process. (See attached Participant Informed Consent Form.)

Submission instructions:

- This form and any applicable forms and documents should be completed and submitted to the IRB Chair both electronically (attached to an email) and in hard copy.
- The subject line for the email should say "IRB continuing review [insert last name of PI]."
- The form must be submitted electronically in Microsoft Word or Adobe Acrobat (pdf) format; additional documents may be submitted electronically in Word, Excel, or Adobe Acrobat (pdf) format.
- Signatures are not required on the electronic version of this form; however, the review process will not begin until the signed hard copy and all appropriate additional documents are received.

Allow a minimum of three weeks for the review and approval process. A form will be mailed to the PI indicating one of the following determinations:

- The research is exempt from IRB review.
- The research is eligible for expedited review and has been approved.
- The research is eligible for expedited review and has been disapproved.
- The research is eligible for expedited review but requires modifications before approval can be given.
- The research is subject to full review and will be discussed at the next scheduled IRB meeting.

If you have any remaining questions about CF's IRB process, contact the IRB chair at irb@cf.edu.

Date Received by IRB Chair or Designated Representative	Date Distributed to IRB (if applicable)	Date of IRB Vote (if applicable)	IRB Determination
			IRB No.