**RIVIER UNIVERSITY**

**Continuing Review Form**

According to Rivier University’s policy regarding research involving human subjects, this form is to be submitted to the Institutional Review Board annually by investigators until the research is completed. The purpose of this status report is to monitor the protection of human subjects in ongoing research. Any changes in recruitment, informed consent, instrumentation, or methods should be reported, and a request for renewed approval must be submitted. Renewal of approval for ongoing research which remains unchanged since the initial proposal should be noted. Renewal of approval must be requested for ongoing data analysis, even if contact with human subjects has ended. If the research has been completed, please make the appropriate notation.

Completed forms are to be returned to the Chair, Rivier University Institutional Review Board, 420 Main Street, Nashua, NH 03060, 30 days before expiration of your IRB approval.

**Principal Investigator**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title of project:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Date of original approval**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Status of Project** (select one):

* Research is ongoing, and changes regarding human subjects have been made. *(Documentation of revisions must be attached.)*
* Research is ongoing (ongoing contact with human research participants), no changes regarding human subjects have been made.
* Research is complete, but data analysis is ongoing.
* Research is completed or project terminated. Data analysis is complete.

Date of completion or termination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for completing and returning this form to the University Institutional Review Board at least 30 days prior to the expiration of your IRB approval.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Principle Investigator

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Advisor (as necessary for student research)

5/2016