THE UNIVERSITY OF AKRON INSTITUTIONAL REVIEW BOARD

APPLICATION FOR ANNUAL CONTINUATION OF RESEARCH INVOLVING HUMAN SUBJECTS

An Application for Annual Review is required to continue a project beyond the current expiration date. Projects must be renewed at a minimum of once per year and must be maintained as long as a project is funded, recruitment or interaction with human subjects is planned, or identifiable data are being analyzed.

Submit the fully-signed document and applicable attachment(s) electronically to irb@uakron.edu. Keep a copy for your files. For questions, contact the IRB via email at irb@uakron.edu or at 330-972-7666.

IRB Application Number:	Date of Last Approval:	Last Approval was: ☐ Full Board ☐ Expedited under category	
This continuation includes: ☐ Revisions to the protocol ☐ Revision to consent form(s)			
Title of Research Project:			
Principal Investigator Name:			Telephone:
PI Department:	Dept +4 Zip:		Email:

If Principal Investigator is a student, fill in the following:

Home Address:	
Faculty Advisor:	Advisor Dept:

1. Summarize briefly on an attached page the results of the research to date. If it applies, describe progress in obtaining your sample, retention of subjects, missing data and any preliminary analysis. If your last review was conducted by the full board, please be sure to address any issues that were presented during the board discussion, and any required revisions and/or follow-up.

2. If changes to the protocol are proposed, please summarize in a separate paragraph. Discuss the impact of the proposed changes on risks to subjects.

3. Number of subjects accrued to date: Number of subjects to be recruited in the future:

   NOTE: If no additional subjects are to be recruited, but you are continuing to analyze data that are still identifiable, continuing IRB review and approval is required. If the remaining study activity is limited to analysis of data that have been stripped of all direct and indirect identifiers, the study can be closed and a final report submitted.

4. Please describe any adverse events or problems encountered during the project that elevated the risk to participants or revealed an unanticipated risk. (Adverse events are to be reported WHEN they happen.)

   ☐ None ☐ See attached page

5. Have any subjects withdrawn from the research? ☐ No ☐ Yes (please attach an explanation)

6. Have there been any complaints received about the research? ☐ No ☐ Yes (please attach an explanation)
7. Are there any conflicts of interest to report? ☐ No ☐ Yes (please attach an explanation)

ATTACHMENTS – Please provide as applicable:

A. Consent Form(s) 1. One copy of the current approved consent form(s) you are using. 2. Two copies of any proposed revised consent form(s) (one copy must note all changes using bolding, strike-through, or highlighting.) Make sure the forms you are using contain the correct IRB contact information and are printed on your UA Department letterhead (unless the IRB has approved otherwise.)	Attached ☐ Not applicable (no changes) ☐
B. New or Revised Materials - scripts, surveys, instruments, recruitment materials, etc.	Attached ☐ Not applicable ☐

I certify that the above information is accurate and complete:

Signature of Researcher: _____ Date: _____

I have read this protocol and I approve:

Signature of faculty advisor (if applicable): _____ Date: _____