

ABAC - IRB Continuing Review Form

2. PRINCIPAL INVESTIGATOR (or Advisor) Name (Last, First, MI): E-mail:	1. PROJECT TITLE			PROTOCOL NUMBER		
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Yes						
□ No						

4.	Desci	ibe any additional risks or benefits observed during the course of the study.
5.	Partio	cipant/Numbers
		# of participants enrolled, or records/samples reviewed since most recent approval
		# of participants actively enrolled or records/samples being reviewed (at present).
		# of participants enrolled, or records/samples reviewed since original approval (total).
		# of additional participants to be recruited, or records/samples needed to complete the study.
6.	Provi	de a summary of your progress to date.
7.	Whei	n do you expect the research to be completed (human subjects contact has concluded)?
Sec	tion B	(for studies that have <u>never</u> been initiated)
1.	Provi	de an explanation of why the research was never initiated.
2.	List a	ny additional risks that have been identified since the most recent approval.
Sec	tion C	(for all studies)
1.	Infor	med Consent Procedures (choose only one)
		The remaining research procedures do not involve interaction or intervention with human participants and/or no participants will be recruited.
		I will continue to use the IRB approved consent/permission/assent form(s) and/or HIPPA Authorization to recruit participants without revision.
		I will be revising the consent/permission/assent form(s) and/or HIPPA Authorization to recruit participants.