## **Continuing Review Release Request**

This form is appropriate for use when a PI would like to continue research activities for a protocol that meets the requirements to cease continuing review (e.g., there will no longer be an expiration date for the research project). This form is not designed to document changes (see the Amendment to Research Protocol form), to report adverse/unexpected events (see the Unanticipated Risk-Adverse Event form), or to request continuing review for projects that still require renewal by the IRB (see the Continuing Research Renewal Request Form). Email this form to [irb@calbaptist.edu](mailto:irb@calbaptist.edu) with all necessary documentation.

**IRB Application Number (located on your approval letter):** Click here to enter text.

**Date of Original IRB Approval (located on your approval letter):** Click here to enter text.

**Principal Investigator (PI) Information**

**PI Name:** Click here to enter text.

**PI Preferred Salutation:** Choose an item.

**PI college/school at CBU:** Click here to choose a School

**PI Position (Asst. Prof, Undergraduate student, etc.):** Click here to enter text.

**PI email:** Click here to enter text.

**PI phone:** Click here to enter text.

**PI Date of most recent CITI HSR Certification**: Click here to enter a date.

**Date of Application for Continuing Review:** Click here to enter a date.

**Original Research Project Title:** Click here to enter text.

**Co-PI Information** (delete this section if there is no Co-PI; copy if additional PIs need to be listed).

**Co-PI Name:** Click here to enter text.

**Co-PI Preferred Salutation:** Choose an item.

**Co-PI college/school at CBU:** Click here to choose a school

**Co-PI Position (Asst. Prof, Undergraduate student, etc.):** Click here to enter text.

**Co-PI email:** Click here to enter text.

**Co-PI phone:** Click here to enter text.

**Co-PI Date of most recent CITI HSR Certification:** Click here to enter a date.

**Faculty Advisor Information** (delete this section if there is no faculty advisor; *all student research requires a faculty advisor*.)

**Faculty Advisor Name:** Click here to enter text.

**Faculty Advisor Preferred Salutation:** Choose an item.

**Faculty Advisor college/school at CBU:** Click here to choose a school

**Faculty Advisor Position:** Click here to enter text.

**Faculty Advisor email:** Click here to enter text.

**Faculty Advisor phone:** Click here to enter text.

**Faculty Advisor Date of most recent CITI HSR Certification:** Click here to enter a date.

**Research Assistant (RA) Information** (delete this section if there are no RAs on this project; copy as needed if additional RAs need to be listed.)

*Note:* A research assistant includes any person who will assist in recruitment of human participants, data collection, data entry/cleaning, data analysis, etc. Engaging in a literature review or write up of results (already analyzed) does not constitute IRB-regulated research assistant activities.

**RA Name:** Click here to enter text.

**RA email:** Click here to enter text.

**RA Date of most recent CITI HSR Certification:** Click here to enter a date.

**Which of the following is true of the research for this IRB approval? (Select one.)**

|  |  |
| --- | --- |
|  | The research is in data analysis phase *only,* including the analysis of identifiable private information or identifiable biospecimens |
|  | This research is only accessing follow-up clinical data from procedures that subjects would undergo as part of clinical care |

**How many human participants have participated thus far?** Click here to enter text.

**Please confirm the following are true of this research:**

No adverse or unexpected events have occurred over the course of this research that have not been reported to the IRB

No changes to the protocol that influence potential risk to participants have been made, without prior IRB approval

The PI, Co-PI, Faculty Advisor, and all research assistants involved in this project have a valid CITI HSR Certificate. **All** of these valid certificates should be included in this application.

**Signatures** (typed signatures are sufficient; severe penalties are enforced when false signatures are typed by someone other than the named individual. Delete any unnecessary fields.)

*As the PI, I/we certify this application and the attachments are an accurate and complete description of the proposed research and we agree to protect the rights and welfare of all human* participants *involved in the research as described herein. If RAs are involved in this project, I certify that I/we will oversee their work to ensure the proper protocols are being conducted.*

**PI Signature and Date:** Click here to enter text.Click here to enter a date.

**Co-PI Signature and Date:** Click here to enter text.Click here to enter a date.

*As the faculty advisor, I agree to supervise this student’s research and ensure the rights and welfare of all human* participants *are protected, as described in this protocol.*

**Faculty Advisor and Date:** Click here to enter text. Click here to enter a date.