## **Continuing Research Renewal Request**

This form is appropriate for use when a PI would like to continue research activities for a protocol previously approved by the IRB that is approaching its expiration date. Applications originally approved by the full board require continuing review to also be approved by the full board *unless* expedited categories 8 or 9 apply. 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 transition to a study no longer requiring Continuing Review (see the Continuing Review Release Request Form). Email this form to 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.

**If your research project was originally approved by the full convened IRB:**

**Are you requesting review by expedited procedures? (Select one.)**

|  |  |
| --- | --- |
| [ ]  | No  |
| [ ]  | Yes, the research is permanently closed to the enrollment of new participants, all participants have completed all research-related interventions, and the research remains active only for long-term follow-up of participants (*expedited 8a*) |
| [ ]  | Yes, no participants have been enrolled and no additional risks have been identified (*expedited 8b*) |
| [ ]  | Yes, remaining research activities are limited to data analysis (*expedited 8c*). If the project is permanently closed to additional enrollment, you may also elect to transition to no continuing review by submitting the Continuing Review Release Request Form in lieu of this form.  |
| [ ]  | Yes, the convened IRB documented the approval of this research as involving no greater than minimal risk and no additional risks have been identified (*expedited 9; this would be noted on your original IRB approval letter*) |
| [ ]  | NA; This was originally reviewed using expedited procedures (prior to 1/2019) |

**Description of request and rationale:** Click here to enter text.

**How many human subjects 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 Certification. **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.