



Application to Conduct Research with Human Subjects

Continuing Review

DIRECTIONS: All research involving data collection or other investigations using human subjects must be reviewed and approved by the University's Institutional Review Board for the Protection of Human Subjects (IRB). Approval is effective for a specific time period (usually one year). To continue the research beyond the approved period, this continuing review application must be approved. In order to obtain approval, complete and submit this application electronically to irb@uu.edu. For questions or further information, call the IRB Office at (731) 661-5580. (Make sure that the revision date and page numbering in the footer is correct before submitting the protocol.)

Name _____ Phone _____ Email _____

Home address _____

Department _____ Faculty advisor _____

Project title _____

Date of most recent approval _____

If project is being or has been submitted for external funding, provide the following information:

Expected or most recent proposal submission date _____

Proposal title _____

Sponsoring agency _____

Please submit the following materials:

- This Continuing Review application (all pages)
- Clean copy of the informed consent document (to be re-stamped by IRB) - this is only needed if data collection has not been completed

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DIRECTIONS: Please provide a response to each item below and any additional comments you wish to make. Use as much space as necessary.

Date project began _____
If it has not begun, explain.

Number of subjects initially enrolled in the research _____
Provide a breakdown of subjects by gender, ethnicity and any other relevant demographic variable.

Have any subjects declined to participate in the research prior to initial enrollment? ___YES ___ NO If
yes, provide the number of subjects and the reason(s) each declined.

Have any subjects withdrawn from the research after initial enrollment? ___ YES ___ NO
If yes, provide the number of subjects and the reason(s) each withdrew.

Have there been any complaints from subjects, adverse events or unanticipated problems related to the
research? ___ YES ___ NO
If yes, describe completely.

Have there been any findings, recent literature or other significant information that might alter the
risk/benefits ratio of this research? ___ YES ___ NO
If yes, describe completely.

Give a brief summary of the research results to date.

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INVESTIGATOR'S ASSURANCE

I certify that the information provided in this continuing review application is complete and correct.

I understand that as Principal Investigator, I have ultimate responsibility for the protection of the rights and welfare of human subjects and the ethical conduct of this research protocol.

I agree to comply with all Union University policies and procedures, as well as with all applicable federal, state, and local laws regarding the protection of human subjects in research, including, but not limited to, the following:

- the project will be performed by qualified personnel according to the research protocol,
- I will maintain a copy of all questionnaires, survey instruments, interview questions, data collection instruments, and information sheets for human subjects,
- I will promptly request approval by the Union University IRB if any changes are made to the research protocol
- I will report any adverse events that occur during the course of conducting the research to the IRB within 10 working days of the date of occurrence.
- I will file a Notice of Completion report with the IRB Office before the expiration date of the study.

Principal Investigator

Date

FACULTY ADVISOR'S ASSURANCE

By my signature as advisor on this research application, I certify that the student investigator is knowledgeable about the regulations and policies governing research with human subjects and has sufficient training and experience to conduct this particular study in accord with the approved protocol. In addition,

- I agree to meet with the student investigator on a regular basis to monitor study progress.
- Should problems arise during the course of the study, I agree to be available, personally, to supervise the principal investigator in solving them.
- I understand that as the faculty advisor, I will be responsible for the performance of this research project.

Faculty Advisor (if principal investigator is a student)

Date