For IRB Use Only

Approval Date:

File Number:

|  |  |
| --- | --- |
| Type of Review |  |

**Continuing Review/Final Report**

**Texas State University Institutional Review Board**

Submission and approval of this form is required annually for all studies approved by Expedited or Full Board review that will continue beyond the initial year of approval. **Please submit this form 25 to 30 days prior to the expiration** of your current approval period. All recruitment, data collection, and analysis of identifiable data must cease on the expiration date unless renewal has been approved.

**Filling Out and Saving the Form**

Please type in the blue fields. Check “No” or “Yes” on items #5-9 and elaborate on “yes” answers as indicated.

Save this form on your desktop and when ready submit this application along with all supplemental documents to the IRB Office as an attachment. All documents should be saved as First Name or Initial, Last Name, and one-word description, with no extra spaces or special characters other than underscores. Acceptable examples: JohnSmithapplication, J\_Smith\_application.doc, JohnSmith\_consentformEnglish.pdf, JSmithconsentformSpanish.doc

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| **1. IRB Application Number:** |
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| **2. Title of Study** |
| Must be identical to the title of any related internal or external grant proposal. |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **3. Investigator (Primary Researcher)** | | | | | | | | |
| First Name |  | | Last Name | | | Title (i.e. grad student, faculty, ect.) | |  |
|  | |  | |  |  | |  | |
|  | | | |  | | |  | |
| Degree program/Department | | | Texas State Email Address | | | Phone Number | | |
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| --- | --- | --- | --- | --- | --- | --- | --- |
| **4. Co-Investigator/ Texas State University Supervising Faculty (if applicable)** | | | | | | | |
| First Name | | Last Name | | | | Texas State E-mail Address | |
|  |  |  | | |  | |  |
|  | |  | | | |  | |
| Department or University | |  | | Title (Associate Professor, Professor, Dean, ect) | | | |
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| --- | --- |
| Phone number | |
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| **5. Have you completed the data collection for your research project?**  Yes  No  If no then what is your anticipated project end date?   |  | | --- | |  | |  |   **6. Study Beginning and End Dates** |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Date Last Approved by IRB | | | |  | | |  | |  | | |  | |  |  | | |  | | | Project Beginning Date |  | | |  | |  | |

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| **7.. Subject Recruitment** |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Total number of subjects enrolled in a study as of this date | | |  | | |  |  | | |  | |  |  | |  | | | Approximate number of subjects who will be enrolled |  | Total number of subjects enrolled since last IRB Review | | | |  |  |  | | | |
| **8. Since the last IRB review, have any injuries, adverse events, or any other unanticipated problems involving risks to subjects or others occurred?** |
| No  Yes – Provide a description of each event and explain how the event was handled. |
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| **9. Do you have a signed informed consent form for every subject that has participated in your study? (If your study involved a waiver of signed informed consent, please describe briefly how the informed consent process was conducted.)** |
| No – Describe any problems you have had obtaining informed consent and please attach a copy of the form that you are currently using.  Yes  Waiver was approved at initial review |
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| **10. List publications, programs, public events, or other forms of dissemination that resulted from this research to date.** |
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**Investigator or Supervising Investigator Certification**

By checking this box I am certifying that the information provided for this project is complete and correct. No further data collection or analysis of identifiable data associated with this study will be collected.

**If you have questions, please contact The Office of Research Integrity and Compliance at (512) 245-2334.**