PROTOCOL CONTINUING REVIEW STATUS

Your response to this request must be received before:

The protocol referenced below is within the 30-day window for expiration. If this protocol was reviewed by another IRB, please provide a copy of the continuing review approval.

a. CDO and IRBNet Numbers:
b. Vendor Protocol Number:
c. Title:
d. Principle Investigator:
e. **PI email and phone:**
f. Government Project Manager (GPM):
g. **GPM email and phone:**

1. Do you wish to continue this data collection/study (Click on box to check)?
   Yes ☐ No ☐

2. If you answered "YES" to question #1, please respond to ALL of the following questions. If you answered "NO" to question #1, please insert "N/A" in question (a) below and continue answering the remaining questions.

a. What is the reason for continuation of the data collection/study: e.g. equipment problems etc?

b. Status of Data Collection: How many subjects have you obtained data on? (include gender breakout).

c. Have there been any staff changes for this protocol? (*e.g.*, PI and/or Government Project Manager) Yes ☐ No ☐
*If "yes", provide contact information, and proof of CITI training completed within the past three years (*N.B., *this may NOT be the refresher training).*

d. Have there been any other changes to this protocol? (*e.g.*, title change, increase in number of subjects, scope of work, etc.) Yes ☐ No ☐ (if "Yes", then describe in space below)

e. Adverse Events: (Did anyone get hurt?)

f. Do you have any preliminary results?

g. If subjects have dropped out of the project, what is the reason given for dropping out?

h. Publication Prospects?

i. How many signed consent forms have you collected? Please note it is your responsibility to maintain signed consent forms.

Completed by: [Insert Principal Investigator Attestation in Boxes Below]
Name:
Institutional Affiliation:
Work email Address:

Date Completed: