**Institutional Review Board**

**Continuing Research Application**



1. **PROJECT IDENTIFICATION**
	1. **Project Title:**

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**1.2 Current Anticipated Duration of Your Research Project\***

**For any project continuing for more than 12 months from your original IRB approval date, you will need to fill out this Application for Continuing Research and for any project continuing for more than 24 months beyond your original IRB approval date, you will need to re-submit your IRB application as a new study to obtain a new approval.**

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* 1. **Research Site(s):**

**If this is external to St. Mary’s, you need to provide updated written permission on official letterhead with original signature(s) from that site to recruit participants and to collect data.**

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* 1. **Principal Investigator:**

| Name (Last name, First name): | Department or School: |
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| E-mail Address:  | Phone Number:  | Program Providing Funding: |
| Investigator role: ☐Faculty ☐Staff ☐Administrator☐Graduate Student ☐Undergraduate Student ☐Other:       |

* 1. **Other Investigators (if any):**

| Name (Last name, First name):         | Department or School:      | Email:        |
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| Investigator role: ☐Faculty ☐Staff ☐Administrator☐Graduate Student ☐Undergraduate Student ☐Other:        |
|  |  |  |
| Name (Last name, First name):      | Department or School:      | Email:      |
| Investigator role: ☐Faculty ☐Staff ☐Administrator☐Graduate Student ☐Undergraduate Student ☐Other:       |
|  |  |  |
| Name (Last name, First name):      | Department or School:      | Email:           |
| Investigator role: ☐Faculty ☐Staff ☐Administrator☐Graduate Student ☐Undergraduate Student ☐Other:       |

**1.6 Responsible Faculty Supervising Student Research (if applicable):**

| Name (Last name, First name):      | Department or School:            |
| --- | --- |
| E-mail Address:            | Phone Number:      |

**1.7 Have your research methods or materials changed?**

☐ Yes.

☐ No.

*If yes, explain the changes.*

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**1.8 Have your consent procedures changed?**

☐ Yes.

☐ No.

*If yes, explain the changes.*

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**1.9 Has your study population or sampling/recruiting methods changed?**

☐ Yes.

☐ No.

*If yes, explain the changes.*

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**1.10 Have any adverse or unanticipated ethical issues arisen over the course of the past year during your research?**

☐ Yes.

☐ No.

**1.11 Have any adverse or unanticipated ethical issues arisen over the course of the past year during your research?**

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**2.0 Assurance**

*Read the statement and check the box below to indicate your agreement:*

☐ As Responsible Investigator of this study, I assure the IRB that the following statements are true:

I certify that the protocol accurately describes the research procedures and incorporates human subjects protections, including the assessment and management of potential risks and an appropriate informed consent process. To the best of my understanding, I believe the protocol meets the requirements of the Institutional Review Board and applicable regulations for protecting research subjects. I assume responsibility for 1) ensuring that any student researchers are aware of their responsibilities as investigators, and 2) that the IRB will be immediately informed in the event of research-related unanticipated risks or problems, or findings during the study that would affect the risks or benefits of participation.