

- Institutional Review Board (submit completed form to Graduate Studies Office)
- Departmental Review Committee (submit completed form to Committee Chair)

## Project Continuing Review Form

Date:

Principal Investigator:

Co-Investigator(s):

Date of IRB Approval:

Title of Study:

**This form is for research projects that are still in progress.  
(This form must be completed yearly until project completion.)**

1. Date expected to complete research project \_\_\_\_\_
2. How many participants have completed the study? \_\_\_\_\_ How many are currently involved? \_\_\_\_\_
3. Will more participants be recruited? Yes  No  If yes, how many? \_\_\_\_\_
4. How many participants have withdrawn from the study? \_\_\_\_\_ Attach detailed explanation.
5. Have there been any complaints about the research? Yes  No  Attach detailed explanation.
6. Have there been any significant changes in your research methods? Yes  No  Attach explanation.  
(i.e., changes in subject pool or participating institutions, changes in surveys or questionnaires used, etc.)
7. Have problems arisen regarding the involvement or safety of subjects in this research project? Yes  No   
Attach a description of problems.
8. Have you made any changes to the Informed Consent form? Yes  No  Attach the revised form.
9. Has there been any psychological or physical injury to any subject? Yes  No  Attach explanation.
10. Where are the signed Informed Consent forms being held? Building/Room \_\_\_\_\_  
Person maintaining them: \_\_\_\_\_
11. Does research involve audio/video-taping or photographing of participants? Yes  No   
Where are audio/video tapes or photographs being stored? \_\_\_\_\_  
(materials must be held in secure storage for three years)
12. Were reports of findings provided to subjects: Yes  No  Attach copy of report.

**Read statement below, sign and date.  
Submit this form with all appropriate attachments noted above.**

**I (we) certify that the research has been and will continue to be conducted in accordance with *The Policies and Procedures of the Institutional Review Board* at Minnesota State University Moorhead.**

\_\_\_\_\_  
Signature of Principal Investigator

\_\_\_\_\_  
Date