Virginia Department of Health

Institutional Review Board

109 Governor Street, 7th Floor

P.O. Box 2448

Richmond, Virginia 23218-2448

**CONTINUATION REVIEW**

*This form is to be completed and submitted electronically to* [*VDHIRB@vdh.virginia.gov*](mailto:VDHIRB@vdh.virginia.gov) *only for studies that have been reviewed previously.*

|  |  |
| --- | --- |
| Title of Study or Project: *Click here to enter text.* | ID No. *Click here to enter text.* |
| Name of Principal Investigator: *Click here to enter text.* | E-mail Address: *Click here to enter text.* |
| Address: *Click here to enter text.* | Telephone Number: |
| Name of Department of Health Collaborator, if included in study and different from Principal Investigator: *Click here to enter text.* | E-mail Address: *Click here to enter text.* |
| Address: *Click here to enter text.* | Telephone Number: *Click here to enter text.* |
| Name of Faculty Supervisor, if this is a student project and different from the Principal Investigator: *Click here to enter text.* | E-mail Address: *Click here to enter text.* |
| Address: *Click here to enter text.* | Telephone Number: *Click here to enter text.* |
| Date of Submission: *Click here to enter text.* |  |
| Complete **EITHER** Section I or Section II.  **Section I** - This study does NOT require re-review because:   It is no longer in progress.   It was never started.   Other (Specify):    **Please Complete the IRB Project Closure Form and include a brief summary of the study findings. (The form is available on the VDH IRB website)**  **Section II-** For continuing studies that require re-review.   1. During the past year, were there any participant withdrawals from the study or complaints about the research activities?   \_\_\_\_Yes \_\_\_\_No  If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. During the past year, were there any unexpected problems or adverse events involving risks to participants?   \_\_\_\_Yes \_\_\_\_No  If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Was an Unexpected Event Report submitted? \_\_\_\_ Yes \_\_\_\_No   1. During the past year, were there any changes to your study (including recruitment, informed consent, study design and/or research procedures, research personnel, study location, etc.)?   \_\_\_\_ Yes \_\_\_\_No  If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Was a Request for Modification submitted? \_\_\_\_ Yes \_\_\_\_No     1. During the past year, were there any literature, findings, or other relevant information, especially information about risks associated with the research identified, that the participants should be aware of?   \_\_\_\_ Yes \_\_\_\_No  If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Have participants been informed of these findings?  \_\_\_\_ Yes \_\_\_\_No   1. If project is continuing, please provide a brief summary of the progress of the study and plans for the next year. | |

After completing the attestation box, please save a copy of the form before emailing the form and required materials to [VDHIRB@vdh.virginia.gov](mailto:VDHIRB@vdh.virginia.gov)

**Principal Investigator**

I certify that the information I provided for this Continuation Review is correct and complete. I will not change any of the procedures, forms, or protocols used in this study without first seeking review and approval from the VDH Institutional Review Board.

\_\_\_\_ Attestation of Principal Investigator \_\_\_\_Attestation of Faculty Supervisor (if

applicable)

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Signature of Principal Investigator Date

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Signature of Faculty Supervisor (if applicable) Date

(If the principal investigator is a student, the faculty supervisor must also sign)