**Harrisburg University of Science and Technology**

**Institutional Review Board**

**Continuation of Approved Research Study**

**Please forward this form, filled out completely and signed either physically or electronically, to** [**IRB@HarrisburgU.edu**](mailto:IRB@HarrisburgU.edu) **at least 4 weeks before the anniversary of the last IRB study approval date.**

IRB File No. Click or tap here to enter text.

Original IRB approval date: Click or tap to enter a date.

Project Title: Click or tap here to enter text.

Principal Investigator: Click or tap here to enter text.

Please answer all of the following questions:

1. Have the risks and/or benefits to the subjects changed from those originally anticipated?  Yes  No
2. Did any adverse events or unanticipated problems involving risks to the subjects or others occur?  Yes  No
3. Have any subjects withdrawn, or have you excluded anyone from the study?

Yes  No

1. Have any subjects expressed discomfort or concerns or complained about the research?  Yes  No
2. Since the last IRB review, have there been any findings, publications, or other relevant information that relate to risks associated with the research?

Yes  No

1. Are any subjects participating in the study who have not signed a consent form?

Yes  No

*If you answered “YES” to any of the above questions, please attach a detailed explanation, including actions taken to reduce the risks or discomforts to subjects and/or to communicate new findings or knowledge to subjects.*

**CERTIFICATIONS:** I certify that the approved protocol and the approved method for obtaining informed consent, if applicable, have been followed during the period covered by this report and/or will continue to be followed throughout the continuation period.

I will continue to observe the ethical guidelines and regulations regarding the protection of human subjects from research risks and will continue to adhere to the policies and procedures of the Harrisburg University Institutional Review Board.

I agree to obtain informed consent of subjects who are to participate in this project according to the protocol approved by the IRB: to report to the IRB any  unanticipated effects on subjects which become apparent during the course or as a  result of, experimentation and the actions taken as a result; to obtain prior approval from the IRB before amending or altering the scope of the project or implementing changes in an approved consent form; and to maintain documentation of consent forms and other research notes for at least three years after completion of the research.

*Faculty members are responsible for maintaining for three (3) years files documenting student research for which they served as advisors.*

**This previously approved study has not been completed, and a continuation is requested.**

**Signature of Principal Investigator                                                       Date**

**Signature of Faculty Advisor                                                                Date**

**Submit this completed form to:** [**IRB@HARRISBURGU.EDU**](mailto:IRB@HARRISBURGU.EDU)