CONTINUING REVIEW FORM

IRB Log #: ____________________________ Date: ________________

Title of Proposal:
_________________________________________________________________
_________________________________________________________________

Principal Investigator: ________________________________

Original Approval Date: ________________ Requested Continuation Date: ________________

1. What is the present status of this project:
   ✗ Continuing ✗ Concluded

   If continuing, have there been any substantive changes?
   ✗ Yes ✗ No

   If yes, attach explanation. Any significant modifications to a research proposal must be submitted to the IRB for approval before they can be implemented.

2. Is the consent form as approved by the IRB still being used?
   ✗ Yes ✗ No
If **no**, has a new form been approved?

* Yes * No

3. Have problems arisen regarding the involvement and safety of subjects in this research project?

* Yes * No

If **yes**, was it reported to the IRB?

* Yes * No

If they were not previously reported to the IRB, attach a description of any problems which have arisen.

4. Has there been any psychological or physical injury to any subject?

* Yes * No

If **yes**, attach explanation.

5. Where are the signed consent forms presently being held? Building: _________________________
   Room: ________

   Person maintaining them:
   ____________________________________________________________

   ____________________________________________________________

   Submit this form to the College of Graduate Studies and Research (AF 115) with current copy of the consent/assent forms.

   *I certify that the research has been and will continue to be conducted in accordance with The Policies and Procedures Governing the Participation of Human Subjects in Research at Minnesota State University, Mankato.*

   ____________________________________________________________

   Principal Investigator (Must be MSU faculty or MSU professional employee) Date  
   ____________________________________________________________

   Department Chair Date  
   ____________________________________________________________

   Student Investigator (if applicable) Date  
   6/03

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