



**Research Continuation
Review Request Form**

Institutional Review Board Office
Attn: Provost, 1184 W Main St
Millikin University IRB, Decatur, IL 62522
Tel: 217-424-6220 fax: 217-424-6653
E-mail: irb@millikin.edu

Submit this completed form with its supporting documents electronically to the IRB at irb@millikin.edu

Proposal No.	Date submitted:
--------------	-----------------

Principal Investigator (name):

Phone No. (W):	(H/C):	Email address:
----------------	--------	----------------

Co-Investigators:

Project Supervisor:	Email address:
---------------------	----------------

Research Project Title:

List any deviations from planned participation:

The investigator verifies that consent was obtained from all subjects and that all signed consent forms are on file. ___ Yes ___ No (mark with an X)

If your response is no please explain:
--

Number of Serious Adverse Events:	Number of Unanticipated Problems:
-----------------------------------	-----------------------------------

Describe Serious Adverse Events:	Describe Unanticipated Problems:
----------------------------------	----------------------------------

--

Have there been any subject complaints? ___ No ___ Yes If yes, please explain:
--

Please provide a summary of progress/preliminary findings:
--

<u>Please provide the following documents as attachments when you email the IRB with your Research Continuation Review Request:</u>

- 1. Copy of the study protocol
- 2. Copy of original approved consent forms
- 3. Any progress reports submitted to sponsoring agencies

Millikin IRB Use Only

MU IRB Protocol No. _____ Original Approval Date _____

IRB Decision: Approve ___ Revise ___ Deny ___ PI/PS Notified (Date) _____

IRB Chair Signature & Date _____ Provost Notified Date _____