

For office use only

IRB Protocol #:  
Date Received:

**UA Little Rock Institutional Review Board**

**Request for Continuing Review**

Ongoing research activities must be reviewed 30 days before the end of the approval period. It is the responsibility of the researcher to initiate the continuing review process. Use additional pages as necessary. Please fill out all appropriate fields on this form. Double click on yes/no responses to make a selection. Responsible Conduct of Research (RCR) and Human Research CITI reports (not certificates) are required. For questions, contact the Office of Research Compliance at 501-916-6209 or [irb@ualr.edu](mailto:irb@ualr.edu).

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| **Principal Investigator:** | **Email:** |
| **Department:** | **Phone**: |
| **Human Research CITI Expiration date:**       **RCR CITI Expiration date:** | |
| **Co-Principal Investigator:** | **Email:** |
| **Department:** | **Phone:** |
| **Human Research CITI Expiration date:**       **RCR CITI Expiration date:** | |
| **Co-Principal Investigator:** | **Email:** |
| **Department:** | **Phone:** |
| **Human Research CITI Expiration date:**       **RCR CITI Expiration date:** | |
| **Co-Principal Investigator:** | **Email:** |
| **Department:** | **Phone:** |
| **Human Research CITI Expiration date:**       **RCR CITI Expiration date:** | |
| **Faculty Advisor/Chair or thesis or dissertation committee**  *(must be included if PI or Co-PI is a student)*: | **Email:** |
| **Department:** | **Phone:** |
| **Human Research CITI Expiration date:**       **RCR CITI Expiration date:** | |

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| **Protocol Number(s) for any modifications:**       **Project Title:** | |
| **Sponsor *(if externally funded):*** | |
| **Date of most recent IRB approval:** | **Anticipated end date:** |
| **Number of participants in this study to date:** | |
| **Number of subjects refusing to participate or withdrawing from this study:** | |

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| **1. Provide a brief summary of progress to date and the stage of the study** *(I.e., recruitment, data collection, and data analysis).* |

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| **2. Has this research been conducted according to the most recently approved IRB protocol for this study?** *(If no, give an explanation below and submit a Request for Modification form along with this form.)* | Choose Yes or No |

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| **3. Has one or more participants in this study experienced unexpected or adverse effects?**  *(If yes, explain below.)* | Choose Yes or No |

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| **4. Has one or more participants in this study expressed objections or complaints?**   *(If yes, describe the nature of objections or complaints.)* | Choose Yes or No |

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| **5.** *All letters of informed consent must be kept on file for three years following completion of the project.* **If signed consent forms for the participants in this study were required, are the signed consent forms for the participants in this study on file and available to the UA Little Rock IRB for review?** | Choose Yes or No |

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| **Attachments:**   * Copies of verification of Human Research and Responsible Conduct of Research CITI training reports (not certificates) for all research personnel * Copy of updated informed consent form * Copy of updates to current instruments, if changes have been made since the initial approval |

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| **Principal Investigator (PI) Signature and Date:** |
| I certify that the information provided above is correct and that this research will be conducted in accordance with federal regulations and UA Little Rock IRB policies and procedures on research with human participants. |
| **Signature of Principal Investigator:**       **Date:** Click for date.(Re-sign and date for every revision) |
|  |
| **Advisor/Committee Chair Signature and Date (If PI is a student):  Advisor:** After reviewing, please send completed protocol package from your UA Little Rock e-mail account to [irb@ualr.edu](mailto:irb@ualr.edu). |
| I certify that I have reviewed and approve this student submission.  I agree to supervise the research conducted by the student and I am aware that I am the responsible party for this research. I certify that this research will be the conducted in accordance with federal regulations and UA Little Rock IRB policies and procedures on research with human participants. |
| **Signature of Faculty Advisor/Committee Chair:**       **Date:** Click for date.(Re-sign and date for every revision) |

*Please combine and send all files in a single PDF document to:* [*irb@ualr.edu*](mailto:rmmorgan@ualr.edu)*. For questions, contact* [*irb@ualr.edu*](mailto:irb@ualr.edu) *or 501-916-6209.*

**UA Little Rock**

**Key Research Personnel Form**

**Instructions:** In the grid below, list the names and roles of all Key Research Personnel *(principal investigators, co-investigators, faculty advisors, anyone involved in project design, anyone with access to the data, anyone who obtains consent, and/or anyone who collects data*).

For questions about personnel to include, consult [irb@ualr.edu](mailto:irb@ualr.edu).

Please complete only **one form** per protocol. If necessary, add more rows to the grid if your Key Research Personnel exceeds the boxes provided.

**Principal Investigator:**

**Project Title:**

**Date:**

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| --- | --- | --- | --- |
| **Name** | **Student, Faculty, or Other** | **Affiliation** | **Role in Protocol** |
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