The TCU Institutional Review Board (IRB) is responsible for protecting the welfare and rights of individuals who are subjects of any research conducted by faculty, staff, or students at TCU. Approval by the IRB must be obtained prior to the initiation of subsequent years of a project, whether conducted on campus of off-campus.

Multi-year projects must be reviewed at intervals appropriate to the degrees of risk, but not less than once per year. Continuing reviews requests must be submitted and approved no later than the anniversary of the initial review.

Please note no changes to the study should be submitted with a continuing review request. If you wish to make any changes to your study please submit an amendment modification request.

**Date:**

1. **Project Title:**

**IRB Number and Initial Approval Date:**

1. **List the name and Faculty/Students/Staff status of the person(s) conducting the research.**
   1. **Principal Investigator:**
   2. **College/School:**
   3. **Others:**
2. **Project Period:**
3. **Funding**
   1. **Agency:**
   2. **Amount Awarded:**
4. **Summarize the research protocol describing protocol aims or objectives.**

1. **Provide a status report on the progress of the research including:**

* **Enrollment Status:**

Choose an item.

* **Total number of participants approved to enroll**

* **The number of participants accrued during this review period (consented to participation);**

* **The number of enrolled participants who have not yet completed the study (active participants at time of review);**

* **The number of enrolled participants who have completed the study;**

* **The number of participant withdrawals (either voluntarily or by the PI); Please provide explanation for each participant withdrawal;**

* **A summary of complaints, adverse events, deviations and any unanticipated problems involving risks to subjects or complaints received since the last review;**

* **A summary of any relevant recent literature, interim findings; and amendments or modifications to the research since the last review;**

* **Any other relevant information, especially information about risks associated with the research; and**

* **If obtaining written consent provide a copy of the last two signed consent documents (Attach signature pages not the whole consent document; participant signature should be redacted and personnel obtaining consent should be shown.)**

**Name**

Printed

**Signature ­ Date:**

**TCU Box**       **Ext.**

**Email Address:**      