TANEY COUNTY HEALTH DEPARTMENT

INFORMATION FOR CONTINUING REVIEW OF A PREVIOUSLY APPROVED PROJECT IRB FORM 2

All ongoing research activity that was not determined to be exempt from IRB review must be reviewed as least annually. The investigator must submit IRB Form 2 'Information for Continuing Review of a Previously Approved Project' 45 days in advance of the annual or designated review date, along with the additional information stipulated on the form. See 'Information for Research Investigators' Section IV D for additional information on continuing review.

Title of Study:		Date project initially approved by IRB: _____/_____/_____ Date project began: _____/_____/_____
Principal Investigator:	Principal Investigator's Position:	Principal Investigator's Institution:
Business Address: _____ Street Address, P.O Box _____ Apartment, suite, unit, building, etc. _____ City, State, Zip		Business Telephone: (_____) _____ - _____ Business Fax: (_____) _____ - _____ Principal Investigator E-Mail: _____ Federal Wide Assurance #:_____ Funding Source: _____
DHSS division, office, bureau, or program involved with study:		Has the project been completed? ☐ Yes ⇩ ☐ No If yes, enter date of completion _____/_____/_____ and skip to Signature of Principal Investigator
How many subjects have been accrued thus far?		How many more will be recruited?
How many subjects have withdrawn since the last IRB review?		
Have you modified the original research plan as it concerns human subjects in any way since it was reviewed and approved bye the IRB? ☐ Yes ⇩ ☐ No If "yes", you must submit the changes to the IRB Chair for review.		
Attach a copy of the current Informed Consent document if applicable.		
Describe in detail any adverse events or unanticipated problems that have been encountered in regard to human subjects, especially those relating to subject risk, informed consent, or confidentiality of data. (Use additional sheets as necessary) _____ _____ _____ _____ _____ _____		

Describe any complaints about the research since the last IRB review.

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Describe any recent literature related to the project, any new information about risks that may be associated with the research and your findings thus far.

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Attach copies of relevant multi-center trial reports, if applicable.

Signature of Principal Investigator:_____ Date: _____/_____/_____

Typed Name of Principal Investigator:_____

Return completed and signed copy to:
IRB Chair
Taney County Health Department
P.O. Box 369
Forsyth, MO 65653

Revised 09/15