

## Institutional Review Board CONTINUING REVIEW FORM

Principal Investigator \_\_\_\_\_ E-mail \_\_\_\_\_

Department \_\_\_\_\_ Title of Study \_\_\_\_\_

**1. This study is,**

- Active**  
*(will be recruiting or recontacting subjects during the next approval period)*
- Not Active**  
*(will not be recruiting new subjects and will not be actively contacting any subjects during the next approval period)*
- Completed or Discontinued**  
*(requesting that the study be closed-out because will not recruit or recontact subjects and will no longer work with individually identifiable data)*

**2. Total number of subjects enrolled since the previous approval period.** \_\_\_\_\_

**3. Total number of subjects enrolled in the study to date.** \_\_\_\_\_

**SINCE THE PREVIOUS IRB REVIEW, ...**

NO	YES	N/A
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- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| <p>4. To your knowledge, have any subjects experienced any unanticipated social (e.g., financial, occupational, legal), psychological (e.g., emotional), or physical problems involving risks to participants or others as a result of this research since the last review? If YES, please describe.</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>5. Have you asked any subjects to withdraw from this research? If YES, please attach a summary describing the numbers of withdrawals and their reasons.</p>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>6. Have any subjects decided to withdraw from this research? If YES, please describe.</p>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>7. Have any participants or others complained about perceived harmfulness or Unfairness regarding the research? If YES please attach a summary describing the number and nature of complaints.</p>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>8. Have the potential risks or benefits of this research changed? If YES, please attach a summary description of those changes.</p>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>9. Please provide a brief summary and description of addenda, amendments or modifications since the last review.</p>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>10. Do you have any findings thus far? Please provide a brief summary.</p>  |                          |                          |                          |

Signature of Principal Investigator \_\_\_\_\_ Date \_\_\_\_\_

Signature of Faculty Advisor (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

**\*\*After this application is completed, with the signatures, please send a hard copy and an email copy to the chair of the IRB committee, David Pan, PhD:**

David Pan, PhD  
Lora Shields 249  
NMHU  
Las Vegas, NM 87701  
dpan@nmhu.edu