

## Request for Continuing Review and Renewal

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### Title of Project

Protocol Number

Original  
Designation:

Administrative

Expedited

Full-board

Principal  
InvestigatorFaculty Sponsor  
(if student)

E-mail

Faculty Sponsor E-mail

Faculty/Staff

Student

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### Participant Information

Number of Participants (to this point):

Female

Male

Have there been any adverse reactions by any of the participants?

Yes

No

If so, describe the adverse reactions and how they were handled:

Have any participants withdrawn from or complained about the study?

Yes

No

If so, explain the reasons for withdrawal or complaints about the study, including how these were addressed (if necessary):

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**Principal Investigator Signature:**

**Faculty Sponsor Signature (if applicable):**

**IRB Chair Signature:**