

**CONTINUING REVIEW
APPLICATION FORM**

Form HRP-IRB-018

DATE FILED:

PROTOCOL No.:

ASSIGNED No.:

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PROTOCOL TITLE:

PRINCIPAL INVESTIGATOR:

1. ACTION REQUESTED:

- ☐ Renew - New participant accrual to continue
☐ Renew - Enrolled participant follow up only
☐ Terminate - Protocol discontinued

2. AMENDMENTS SINCE THE LAST REVIEW?

- ☐ NO
☐ YES (Describe briefly in attached narrative)

3. PROTOCOL PARTICIPANTS SUMMARY:

- _____ Accrual ceiling set by IRB
_____ New participants accrued since last review
_____ Total participants accrued since protocol began

4. ACCRUAL EXCLUSIONS

- ☐ NONE
☐ MALE
☐ FEMALE
☐ OTHER (specify): _____

5. IMPAIRED PARTICIPANTS

- ☐ None
☐ Physically
☐ Cognitively
☐ Both

6. HAVE THERE BEEN ANY CHANGES IN THE PARTICIPANT POPULATION, RECRUITMENT OR SELECTION CRITERIA SINCE THE LAST REVIEW?

- ☐ NO
☐ YES (Explain changes in attached narrative)

7. HAVE THERE BEEN ANY CHANGES IN THE INFORMED CONSENT PROCESS OR DOCUMENTATION SINCE THE LAST REVIEW?

- ☐ NO
☐ YES (Explain changes in attached narrative)

8. CHANGE IN PRINCIPAL INVESTIGATOR?

- ☐ NONE
☐ DELETE: _____
☐ ADD: _____

9. IS THERE NEW INFORMATION FROM SIMILAR RESEARCH THAT MIGHT AFFECT THE RISK/BENEFIT RATIO OF THE HUMAN SUBJECTS INVOLVED IN THIS PROTOCOL?

- ☐ NO
☐ YES (Discuss in the attached narrative)

10. HAVE ANY UNEXPECTED COMPLICATIONS OR ADVERSE EVENTS BEEN NOTED SINCE LAST REVIEW?

- ☐ NO
☐ YES (Discuss in the attached narrative)

11. HAVE ANY PARTICIPANTS WITHDRAWN FROM THIS STUDY SINCE THE LAST IRB APPROVAL?

- ☐ NO
☐ YES (Discuss in the attached narrative)

12. HAVE ANY PARTICIPATING INVESTIGATORS BEEN ADDED OR DELETED SINCE LAST REVIEW?

- ☐ NO
☐ YES (Identify all changes in the attached narrative)

13. HAVE ANY NEW COLLABORATING SITES (INSTITUTIONS) BEEN ADDED OR DELETED SINCE THE LAST REVIEW?

- ☐ NO
☐ YES (Identify all changes and provide an explanation of changes in the attached narrative)

14. HAVE ANY INVESTIGATORS DEVELOPED EQUITY OR CONSULTATIVE RELATIONSHIP WITH A SOURCE RELATED TO THIS PROTOCOL WHICH MIGHT BE CONSIDERED A CONFLICT OF INTEREST?

- ☐ NO
☐ YES (Append a statement of disclosure)



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CHONG HUA HOSPITAL
Healing with Passion. Caring with Compassion.

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SIGNED

Principal Investigator

Date: _____

IRB Comment/Decision:

- ☐ Needs Clarification
- ☐ Approval
- ☐ Disapproval

SIGNED

Chairperson, *CHONG HUA HOSPITAL IRB*

Date: _____