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| 1. **SUBMISSION INFORMATION** | |
| * 1. IRB Number: |  |
| * 1. Date of Expiration of Existing IRB Approval: |  |
| * 1. Review Type: | ☐ Expedited ☐ Full-Board |

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| 1. **GENERAL STUDY INFORMATION** | | |
| * 1. Study Title: |  | |
| * 1. Principal Investigator: |  | Email: |
| * 1. Study Coordinator: |  | Email: |

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| 1. **DETAILS PERTAINING TO THE CURRENT CONTINUTATION REQUEST** | |
| * 1. **Please provide a brief progress report to the originally approved proposal.** |  |
| * 1. **Is the project being carried out as described in the original submission to ESISBA-IRB?** | ☐YES ☐NO  If NO, please explain/describe the discrepancies: |
| * 1. **Have any of the research subjects suffered any serious or unexpected harm, toxicities or side effects?** | ☐YES ☐NO  If YES, please describe: |
| * 1. **Have there been any internal or external audit of the research, preliminary (stopping rule) analyses, reports of data and safety monitoring boards, etc.?** | ☐YES ☐NO  If YES, please describe: |
| * 1. **Has there been any significant change in the information on which the ESISBA-IRB provided ethical approval?**   **e.g. new knowledge from the literature, from the present project or from other related sources?** | ☐YES ☐NO  If YES, please describe the new information and indicate how it differs from that in the previous or original ethics approval, and its impact on the ethics of the research underway: |
| * 1. **Have any amendments been made to the research protocol since the original approval?** | ☐YES ☐NO  If YES, please explain:    Were these amendments approved by the ESISBA-IRB?  ☐YES ☐NO  If YES, when:  If NO, please provide reasons why:  ***IMPORTANT: If the project, protocol and/or the previously approved consent form have changed since the original submission was approved, or if you are requesting amendments at this time – please provide the current or proposed versions of the research protocol and accompanying documents (e.g. informed consent) and indicate/highlight where the changes were made.*** |
| * 1. **Are you requesting any amendment(s) to the original application?** | ☐YES ☐NO  If YES, please list and justify the proposed amendments.    ***IMPORTANT: If the project, protocol and/or the previously approved consent form have changed since the original submission was approved, or if you are requesting amendments at this time – please provide the current or proposed versions of the research protocol and accompanying documents (e.g. informed consent) and indicate/highlight where the changes were made.*** |
| * 1. **When do you expect (month/year) the project to be completed?** |  |

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| 1. **SIGNATURE** | |
| Principal Investigator | Date: |