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

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

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| 1. **DETAILS PERTAINING TO THE CURRENT CONTINUTATION REQUEST**
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| * 1. **Please provide a brief progress report to the originally approved proposal.**
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| * 1. **Is the project being carried out as described in the original submission to ESISBA-IRB?**
 | ☐YES ☐NOIf NO, please explain/describe the discrepancies:      |
| * 1. **Have any of the research subjects suffered any serious or unexpected harm, toxicities or side effects?**
 | ☐YES ☐NOIf 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 ☐NOIf 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 ☐NOIf 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 ☐NOIf YES, please explain:     Were these amendments approved by the ESISBA-IRB?☐YES ☐NOIf 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 ☐NOIf 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**
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| Principal Investigator | Date:       |