



ALABAMA A&M UNIVERSITY  
OFFICE OF RESEARCH COMPLIANCE  
IRB APPLICATION FORM



## REQUEST FOR RESEARCH PROJECT CONTINUATION

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Required Information:

1. Initial IRB Approval #
2. Principal Investigator's Name:
3. Project Name:
4. Initial Expiration Date:
5. Type of Continuation Requested: (check appropriate statement below)

I am requesting continuation of research on this project, for a period of no longer than 12 months. There are no changes ~~to~~ the study project protocols, as they were originally approved by the Institutional Review Board of Alabama A&M ~~at~~ the project's inception. I am still collecting data for this study, which is being securely stored and protected in the manner described in the original protocol for this research project.

~~Below~~

1. When do you anticipate completing this research?
2. Now that you have been doing this research for a year, please reassess the risks (physical, psychological, financial, social, legal, etc.) posed to participants. Are the actual risks and benefits to your participants as anticipated?
3. How many participants have ~~with~~ drawn from your research, and why?

OR

I am requesting continuation of research on this project, for a period of no longer than 12 months. I am making changes to the study project protocols ~~as~~ they were originally approved by the Institutional Review Board of Alabama A&M University ~~at~~ the project's inception. I am requesting these changes as described ~~below~~ (no change from original application state NO CHANGE).

Changes to the Purpose of the Study

Changes to Questions or Hypotheses:

Changes in Description of the Subjects or Number of Controls

Changes to Description of Procedure:

Changes in Instrumentation (Brief Description if instrument not available). Attach new instruments if available.

Changes in Duration of the Study:

- a. Total Amount of Time with each Subject:
- b. Time to Complete the Study:
- c. When do you anticipate completing this research?

Changes in Benefit(s) of the Study:

Changes in Possible Risks to the Subjects and the Protection Taken to Avoid the Risks:

Changes in Confidentiality / Anonymity

Your signature below indicates that you have read and understood the information provided above.

Signature of Research Project Investigator:

\_\_\_\_\_ Date:

Phone (Office)

E-Mail:

Name of Additional Investigators

\_\_\_\_\_  
IRB Institutional Action:

\_\_\_\_\_ Continuation Application Approved.