VALENCIA COLLEGE
Human Research Protection (HRP) Institutional Review Board (IRB)

IRB Continuing Review/Termination Form (for Internal and External Investigators)

IRB Number of Currently-Approved Research Protocol: _____

Dates of Currently-Approved Research: _____ to _____

Title of Currently-Approved Research Protocol: _____
_____

SECTION 1

Principal Investigator (PI): _____

Address: _____ Phone: _____

PI Signature: _____ Date: _____

SECTION 2

Supervisor/Administrator: _____

Address: _____ Phone: _____

Supervisor/Administrator Signature: _____ Date: _____

SECTION 3

Number of participants involved to-date: _____

Number of participants remaining: _____

SECTION 4

Valencia IRB approval for this project is about to expire. **Check one of the three options:**

☐ The project is complete. Please terminate.

☐ The project is not complete, however human participants will not be involved in this project after Valencia IRB approval expires.

☐ The project is not complete, and I request continued IRB approval. Check all that apply:

    ☐ I request an extension of the approved research period to the following date: _____.

☐ No change will be made to the approved protocol or methodology.

☐ I request a change to the approved protocol or methodology (see attached IRB Addendum/Modification Request Form)

☐ Participant risk has not increased during the current IRB approval period and is not expected to increase during the continuation period.

☐ Participant risk has increased during the current IRB approval period and is now being reported to the IRB on the attached IRB Adverse Event/Unanticipated Problem/Increased Risk Report Form.

☐ No adverse affects or unanticipated outcomes occurred during the current IRB approval period.

☐ Adverse affects or unanticipated outcomes occurred during the current IRB approval period as previously reported to the IRB on the IRB Adverse Event/Unanticipated Problem/Increased Risk Report Form.

☐ Adverse affects or unanticipated outcomes occurred during the current IRB approval period and are now being reported to the IRB on the attached IRB Adverse Event/Unanticipated Problem/Increased Risk Report Form.

☐ Participants withdrew and/or complaints were received about the research during the current IRB approval period (see attached Participant Withdrawal/Complaint Report Form).

☐ Participants were informed of project findings during the current IRB approval period and no re-consent was needed.

☐ Participants were informed of project findings during the current IRB approval period and re-consent was needed because the findings may have affected their decision to participate.

☐ I request a change to the informed consent process (see attached Participant Informed Consent Form)

Submission instructions:
- This form and any applicable forms and documents should be completed and submitted to the IRB Chair both electronically (attached to an email) and in hard copy.
- The subject line for the email should say "IRB continuing review [insert last name of PI]."
- The form must be submitted electronically in Microsoft Word or Adobe Acrobat (pdf) format; additional documents may be submitted electronically in Word, Excel, or Adobe Acrobat (pdf) format.
- Signatures are not required on the electronic version of this form, however the review process will not begin until the signed hard copy and all appropriate additional documents are received.

Allow a minimum of three weeks for the review and approval process. A form will be mailed to the PI indicating one of the following determinations:
- The research is exempt from IRB review.
- The research is eligible for expedited review and has been approved.
- The research is eligible for expedited review and has been disapproved.
- The research is eligible for expedited review but requires modifications before approval can be given.
- The research is subject to full review and will be discussed at the next scheduled IRB meeting.

If you have any remaining questions about Valencia's IRB process, contact the IRB Chair at irb@valenciacollege.edu
.

THANKS!

_____	_____	_____	_____
Date Received by IRB Chair or Designated Rep	Date Distributed to IRB (if applicable)	Date of IRB Vote (if applicable)	IRB Determination
			_____ IRB #