



**Research Continuation  
Review Request Form**

**Institutional Review Board Office**  
 Attn: Provost, 1184 W Main St  
 Millikin University IRB, Decatur, IL 62522  
 Tel: 217-424-6220 fax: 217-424-6653  
 E-mail: irb@millikin.edu

<b>Submit this completed form with its supporting documents electronically to the IRB at <a href="mailto:irb@millikin.edu">irb@millikin.edu</a></b>		
Proposal No.	Date submitted:	
Principal Investigator (name):		
Phone No. (W):	(H/C):	Email address:
Co-Investigators:		
Project Supervisor:	Email address:	
Research Project Title:		
List any deviations from planned participation:		
The investigator verifies that consent was obtained from all subjects and that all signed consent forms are on file. <input type="checkbox"/> Yes <input type="checkbox"/> No (mark with an X)		
If your response is no please explain:		
Number of Serious Adverse Events:	Number of Unanticipated Problems:	
Describe Serious Adverse Events:	Describe Unanticipated Problems:	
List amendments or modifications to the research study since last IRB review:		
Has there been a change in study personnel? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain:		
Has there been a change in study sponsor? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain:		
Have there been any subject complaints? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain:		
Please provide a summary of progress/preliminary findings:		
<u>Please provide the following documents as attachments when you email the IRB with your Research Continuation Review Request:</u> <ol style="list-style-type: none"> <li>1. Copy of the study protocol</li> <li>2. Copy of original approved consent forms</li> <li>3. Any progress reports submitted to sponsoring agencies</li> </ol>		

**Millikin IRB Use Only**

**MU IRB Protocol No.** \_\_\_\_\_ **Original Approval Date** \_\_\_\_\_

**IRB Decision: Approve**  **Revise**  **Deny**  **PI/PS Notified (Date)** \_\_\_\_\_

**IRB Chair Signature & Date** \_\_\_\_\_ **Provost Notified Date** \_\_\_\_\_