IRB approval is required when human participants are used and there is a potential for risk, when potentially sensitive material is collected, when bodily fluids are sampled, when conducted as a result of a funded grant, or when intended for presentation or publication outside of Cabrini University.

**For IRB Office Use Only:**

Protocol Number Date Received Date Approved Approved by 2nd Reviewer

**Cabrini University Institutional Review Board (IRB)**

**Request for Protocol Continuation**

Additional approval lasts **one year**.

**Instructions:** Please save this form to your computer, complete it, and submit it as an email attachment with your consent form, all experimental materials, and any other supporting materials as noted below to IRB@cabrini.edu.

Name (primary researcher) Date Submitted Email (use official @cabrini.edu email) Status: Faculty ☐ Staff ☐ Undergraduate Student ☐ Graduate Student ☐ Other

Other authors Department/Major (primary) Faculty Sponsor (for a course or otherwise) Faculty Sponsor Email Title of Research Study Previous IRB Approval Number

Is this research funded as part of a grant? Yes ☐ No ☐ If yes, Grant Number/Source

Type of Review (details at [www.cabrini.edu/IRB):](http://www.cabrini.edu/IRB%29) Exempt ☐ Expedited ☐ Full ☐

# Description of Study

1. Study Status:

Open to Continuing Enrollment of New Participants

# Participants

1. Total Number of Participants (to date)
	* How many participants are to be added (approximate or not applicable)?
	* How will additional participants be chosen (based on any demographic)?

# Procedures/Methods

1. Are there any revisions to be considered in this extension? Yes ☐ No ☐

If yes, please also submit **Project Amendment Form** available at [www.cabrini.edu/IRB.](http://www.cabrini.edu/IRB)

# Results

1. Provide a summary of results to date (include the progress of the study relative to your hypotheses) in an attached Word document.
2. Has any risk or benefit changed based on the study so far? Yes ☐ No ☐ If yes, please attach description in Word document.
3. Have there been any (If yes, please add attach description in Word document):

|  |  |  |
| --- | --- | --- |
| * adverse events or unanticipated results?
 | Yes ☐ | No ☐ |
| * withdrawals of participants from research?
 | Yes ☐ | No ☐ |
| * complaints about the research?
 | Yes ☐ | No ☐ |
| * enrollment problems?
 | Yes ☐ | No ☐ |

* + literature, findings, or other information that has become available since starting the study that suggests a need to amend

|  |  |  |
| --- | --- | --- |
| the study? | Yes ☐ | No ☐ |
| * changes to finding status?
 | Yes ☐ | No ☐ |

1. Please attach copies of all currently approved **consent forms**, **surveys**, and/or **experimental materials** (or otherwise), along with the previously approved **IRB Protocol Form**.

[www.cabrini.edu/IRB](http://www.cabrini.edu/IRB) - Updated May 29, 2020

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