



Wichita State University Institutional Review Board (IRB)  
Research Project Continuation Form

IRB #:                      Approval Expiration Date:                      Date of this Report:

Title of Research Study:

Principal Investigator(s):

Department:

E-Mail (for IRB contact person):

\*Please answer all questions . Use provided space on page four for additional explanation.

A. Project Status

1.



- |   |     |    |
|---|-----|----|
| 2. Have there been any adverse events or unanticipated problems involving risks to the participants or others since the application was approved by the IRB?<br>If Yes, contact the IRB Administrator immediately if they have not already been reported. | Yes | No |
| 3. Have any new risks been identified since the last WSU IRB review?<br>If Yes, explain   | Yes | No |
| 4. Have any new benefits to participants been identified since the last IRB review?<br>If Yes, explain  | Yes | No |
| 5. Have there been any changes to measures to ensure confidentiality?<br>If Yes, explain  | Yes | No |
| 6. Have the data from this study been published?<br>If Yes, list publications   | Yes | No |

**F. Data and Safety Monitoring**

1. What type of data and safety monitoring was approved for this project?

Data and Safety Monitoring Committee, Data Monitoring Committee 8/14/15

