

Project Title: Click or tap here to enter text.

Investigator: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

Faculty Advisor: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

Original Approval Date: Click or tap here to enter text.

This project has not been completed (one year after original approval) and a continuation is requested.

CONTINUING REVIEW:

1. Have the risks and/or benefits to the subjects changed from

If you answered “YES” to any of the above questions, please attach a detailed explanation, including actions taken to reduce risks or discomforts to subjects and/or to communicate new findings or knowledge to subjects. If you are still enrolling subjects in this study, please attached a copy of the current IRB-approved consent form.

CERTIFICATIONS” I certify that the approved protocol and the approved method for obtaining informed consent, if applicable, have been followed during the period covered by this report and/or will continue to be followed throughout the continuation period.

I will continue to observe the ethical guidelines and regulations regarding the protection of human subjects from research risks and will continue to adhere to the policies and procedures of the Alvernia University Institutional review Board.

I agree to obtain informed consent of subjects who are participate in this project according to the procedures approved by the IRB: to report to the IRB any unanticipated effects on subjects which become apparent during the course or as a result of, experimentation and the actions taken as a result; to cooperate with the IRB in the continuing review of this project; to obtain prior approval from the IRB before amending or altering the scope of the project or implementing changes in the approved consent form; and, for IRB purposes, to maintain documentation of