



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?
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?
If Yes, explain | Yes | No |
| 4. Have any new benefits to participants been identified since the last IRB review?
If Yes, explain | Yes | No |
| 5. Have there been any changes to measures to ensure confidentiality?
If Yes, explain | Yes | No |
| 6. Have the data from this study been published?
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

