SUTD Institutional Review Board (IRB)
CONTINUING REVIEW OF IRB-APPROVED RESEARCH

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| Please do not complete this form if your study was approved for Exemption. In the event that your study requires full board review, please submit this form prior to next full board meeting scheduled to be on the 4th week of the month. Please note that the deadline for submission is on the 1st of the month. Please ensure that there is a reasonable time for the board to review and approve your application before the study expires. |
| **Principal Investigator** |  | **IRB Approval No.** |  |
| **Protocol Title** |  |
| **Co-Investigator(s)** |  |
| **Approval Date for last/previous continuing review** *(If this is the 1st continuing review, state “NA”)* |  |
| **Funding***(If yes, provide name(s) of current funding agency and grant number(s) and submit a copy of the notice of grant approval, if not previously submitted)* |  |
| **Does your study require approval of any other committee(s) at or outside SUTD?** *(If yes, please attach current approval letters.)* | Yes / No \* Circle accordingly |

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| **Status of Research** *(Please check (****x****) all relevant boxes)* |
|  | **Data Analysis Only** |
|  | **Research on Hold.** Reasons: |
|  | **Research has not Begun.** Reasons: |
|  | **Recruiting Subjects. Version No. & Date of Consent Form:***(Please include a copy of the consent form currently used, if the consent form has been amended since the previous submission)* |
|  | **Following up on Subjects**  |
|  | **Discontinued. Should the IRB inactivate the continuing review of this research? \* Yes / No** |
|  | **Study Completion** |
| **Start Date** *(If not started, give estimated date)* |  |
| **Completion Date** *(If ongoing, give estimated date) (Final completion date includes data analysis)* |  |
| Please provide a summary of any amendments or modifications to the research, interim findings, any relevant multi-centre trial reports, information about additional risk, and relevant recent literature since the last review. |
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**SECTION A**

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| **Report on Human Participants** *(If applicable)* |
| **Target Number of Subjects approved** |  |
| **Actual Number of Subjects recruited** |  |
| 1. Number of subjects screened
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| 1. Number of subjects still involved in the research
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| 1. Number of subjects who discontinued/withdraw from research
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| 1. Number of subjects who completed research
 |  |
| Describe any unanticipated problems, subject withdrawals, or complaints about the research in the conduct of the research since the last review. *(If none, put “NIL”)* |
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| Is there a change in the number of subjects involved (i.e., The difference in number between target number of subjects approved and actual number of subjects recruited)? If yes, indicate the difference and the reason for the deviation. |
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| **Report of Serious Adverse Events (SAE)** *(If applicable)* |
| **Total number of SAEs notified to IRB** |  |
| 1. Number of SAEs from Singapore
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| 1. Number of SAEs outside Singapore
 |  |
| 1. Number of local subjects involved
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| 1. Number of SUTD subjects involved
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| **Nature of SAEs.** Please provide a summary of adverse events and any unanticipated problems involving risks to subjects or others since the last review. *(If none, put “NIL”)* |
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| **Principal Investigator assurance and signature** |
| I certify that the information provided is complete and accurate. As Principal Investigator, I have ultimate responsibility for the conduct of this study, the continued ethical acceptability of the project, the protection of the rights and welfare of human subjects. |
| Signature of Principal Investigator |  | Date |  |
| Department / Pillar / Institution |  | Contact Number |  |