



**Research Continuation
Review Request Form**

Institutional Review Board Office
Attn: Provost, 1184 W Main St
Millikin University IRB, Decatur, IL 62522
Tel: 217-424-6220 fax: 217-424-6653
E-mail: irb@millikin.edu

Submit this completed form with its supporting documents electronically to the IRB at irb@millikin.edu		
Proposal No.	Date submitted:	
Principal Investigator (name):		
Phone No. (W):	(H/C):	Email address:
Co-Investigators:		
Project Supervisor:	Email address:	
Research Project Title:		
List any deviations from planned participation:		
The investigator verifies that consent was obtained from all subjects and that all signed consent forms are on file. <input type="checkbox"/> Yes <input type="checkbox"/> No (mark with an X) If your response is no please explain:		
Number of Serious Adverse Events: Describe Serious Adverse Events:	Number of Unanticipated Problems: Describe Unanticipated Problems:	
Have there been any subject complaints? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain:		
Please provide a summary of progress/preliminary findings:		
Please provide the following documents as attachments when you email the IRB with your Research Continuation Review Request: 1. Copy of the study protocol 2. Copy of original approved consent forms 3. Any progress reports submitted to sponsoring agencies		

Millikin IRB Use Only

MU IRB Protocol No. _____ Original Approval Date _____

IRB Decision: Approve Revise Deny PI/PS Notified (Date) _____

IRB Chair Signature & Date _____ Provost Notified Date _____