

**Morehead State University
Institutional Review Board (IRB) for the Protection of Human Subjects in Research**

PART H: CHANGE OF STATUS / CONTINUING REVIEW / FINAL REPORT

ONLY COMPLETE FORM AFTER PROTOCOL HAS BEEN APPROVED AND WHEN NECESSARY TO OBTAIN IRB APPROVAL FOR CHANGE OF STATUS OR ANNUAL CONTINUING REVIEW OR TO PROVIDE THE FINAL REPORT:

(Please Mark Choice[s])		Change of Status	Annual Continuing Review	Final Report
Principal Investigator(s)/ Researcher(s):			PI Title:	
Department:			E-Mail:	
Campus Address:			Phone:	
Title of Research Project:				
Original Period of Research Project:		From:	To:	
Original Protocol Number:		IRB Initial Review Date:		
Yes	No	Request to Change Identity/Identities of Principal Investigator(s)/Researcher(s)		
		Add	Remove	
IMPORTANT: If you are requesting that the Principal Investigator(s)/Researcher(s) for the approved protocol be changed, you must attach a memorandum from the original Principal Investigator(s)/ Researcher(s) giving permission for the change.				
Yes	No	Request to Extend Ending Date of Project		
		From:	To:	
Yes	No	Section I – Change of Status		
		Are there any proposed changes in the research procedures not included at the time of initial IRB review? If yes, provide committee with detailed explanation of changes (attach explanation).		
		Has there been any major change in the research project since its most recent review? If yes, describe changes in procedures/risks used with human subjects (attach description of changes).		
		Has there been any adverse reaction or other indication of risks to subjects since last review? If yes, describe the adverse reaction or other indication of risks to subjects (attach description).		
		Have increased risks occurred in above mentioned research project? If yes, explain and provide appropriate remedies (attach explanation and recommendations).		
Yes	No	Section II – Annual Continuing Review (i.e., due annually for multi-year projects – approval is only for one year or less based on level of risk)		
		Has there been any major change in the research project since its most recent review? If yes, describe changes in procedures/risks used with human subjects (attach description of changes).		
		Has there been any adverse reaction or other indication of risks to subjects since last review? If yes, describe the adverse reaction or other indication of risks to subjects (attach description).		
		Have increased risks occurred in above mentioned research project? If yes, explain and provide appropriate remedies (attach explanation and recommendations).		
Yes	No	Section III – Final Report		
		Project completed?		
		Has there been any major change in the research project since its most recent review? If yes, describe changes in procedures/risks used with human subjects (attach description of changes).		
		Has there been any adverse reaction or other indication of risks to subjects since last review? If yes, describe the adverse reaction or other indication of risks to subjects (attach description).		
		Have increased risks occurred in above mentioned research project? If yes, explain and provide appropriate remedies (attach explanation and recommendations).		

BY CHECKING THIS BOX AND TYPING MY NAME BELOW, I AM ELECTRONICALLY SIGNING THIS FORM.

Signature of Researcher(s) _____ Date _____
Please e-mail to jl.cline@moreheadstate.edu

Revised 6-19-2018

IRB Chair:

Approval Date: