BOWIE STATE UNIVERSITY
1865

OFFICE OF RESEARCH & SPONSORED PROGRAMS
BSU-INSTITUTIONAL REVIEW BOARD (IRB)

Charlotte Robinson Hall, Suite 110
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INSTITUTIONAL REVIEW BOARD CONTINUING REVIEW FORM

Continuing review is required, at least annually (364 days of approval), for all submissions determined to be greater than minimal risk by the Bowie State University Institutional Review Board (BSU-IRB). Continuing review may be initiated by the submission of this form. Complete and sign the form and submit electronically via email to irb@bowiestate.edu for review.

Minimal risk research reviewed under the 2018 Common Rule (submitted after January 2019) generally does not require continuing review. However, as permitted by the 2018 Common Rule, continuing review may be required by the IRB for some research, such as FDA regulated research. Most Bowie State University minimal risk protocols submitted after February 2024 will reflect a "No expiration date" statement.

If the Bowie State University IRB initial approval memorandum lists an expiration date, it is the responsibility of the Principal Investigator to submit the following Institutional Review Board Continuing Review Form, at least 21 days prior to the approval expiration date listed.

Name of Principal Investigator (First, Last):	
Name of Primary Contact (First, Last):	
E-mail Address of Primary Contact:	
Phone Number of Primary Contact:	
Protocol Number:	
Study Title:	
IRB Approval Date:	
IRB Approval Expiration Date:	
Date Form Completed:	

Documentation Submission:

Have you attached a Protocol Summary:	☐ Yes ☐ No
Have you attached Survey(s) / Questionnaire(s):	☐ Yes ☐ No
Have you attached Informed Consent Document(s):	☐ Yes ☐ No
Have you attached Recruitment materials (flyers, emails, etc.):	☐ Yes ☐ No
Have you attached other supporting document types not listed:	☐ Yes ☐ No
If yes, please provide detail regarding the additional supporting document types:	

Study Enrollment:

How many participants have enrolled in the study to date?	
How many participants was your study approved to enroll?	
How many participants do you intend to enroll in the future?	
How many participants have withdrawn from the study to date?	
Please describe the reasons for withdrawal from the study, if known	

Research Status:

Briefly summarize the progress of the research to date.

Adverse Events:

Have any unanticipated problems or adverse events occurred during the duration of the approval period?	☐ Yes ☐ No
If unanticipated problems or adverse events occurred during the duration of the study, did the Principal Investigator submit an Adverse Event Form to the BSU-IRB?	☐ Yes ☐ No
If yes, please summarize the adverse events:	

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Modifications to Protocol or Materials:

Are you submitting any changes to the protocol, consent form, advertisement, or other support materials with this Continuing Review Form?	☐ Yes ☐ No
Is the modification to a questionnaire, survey, recruitment materials, study brochure, or other supportive materials?	☐ Yes ☐ No
Have you submitted a PROTOCOL MODIFICATION SUBMISSION FORM to the BSU-IRB?	☐ Yes ☐ No
Please provide additional details regarding the modification to supportive materials in the space provided below. Use an additional sheet, if applicable.	

Submitted by:

Principal Investigator Name (Printed):	
Principal Investigator Signature:	
Date:	

Authorized Designee Name (Printed):	
Authorized Designee Signature:	
Date:	