



LIBERTY IRB

An Independent Central IRB



Continuing Review Form

Special Laboratory Testing Consent

1.	Liberty IRB Tracking Number:									
2.	Name of Document:									
3.	Name of Principal Investigator:									
4.	Original IRB Approval Date:									
5.	<p>Action Requested:</p> <p><input type="checkbox"/> Renew for continuing use</p> <p><input type="checkbox"/> Terminate because:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Study completed and the investigator affirms that: <ul style="list-style-type: none"> ➤ The research is permanently closed to enrollment. ➤ All participants have completed all research-related interventions. ➤ Collection of private identifiable information is completed. ➤ Analysis of private identifiable information is completed. <input type="checkbox"/> Lack of funding <input type="checkbox"/> Safety concerns (<i>include letter of explanation</i>) <input type="checkbox"/> Other (<i>please specify</i>) 									
6.	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;">Has this document been used since last approval?</td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Has this document been used since last approval?	Yes	No		<input type="checkbox"/>	<input type="checkbox"/>			
Has this document been used since last approval?	Yes	No								
	<input type="checkbox"/>	<input type="checkbox"/>								
7.	<table border="0" style="width: 100%;"> <tr> <td colspan="2">Name the protocols approved by Liberty IRB in which this document was used:</td> <td rowspan="4" style="width: 10%; vertical-align: top;"> <input type="checkbox"/> N/A </td> </tr> <tr> <td style="width: 30%;">Tracking #</td> <td style="width: 60%;">Title of Protocol</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>	Name the protocols approved by Liberty IRB in which this document was used:		<input type="checkbox"/> N/A	Tracking #	Title of Protocol				
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8.	Were all subjects on above protocol(s) tested required to sign this consent? <i>*If no, attach explanation.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9.	Indicate approval date of ICF currently in use: <i>Submit a copy of the ICF currently in use with this form.</i>		
10.	Is Investigator requesting changes in consent procedures? <i>If yes, attach explanation.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11.	If tests were positive, were all results reported to proper authorities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12.	Were all subjects informed of test results? <i>If no, attach explanation.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Name of Person Completing Form (contact person for questions):	
Name:	
Title:	
Phone Number:	
Fax Number:	
Email Address:	
Principal Investigator Signature	
Date:	Signature: