



CONTINUING REVIEW FORM

For Research Site Specific Consents, Advertisements and Documents

RESEARCH SITE SPECIFIC CONSENTS, ADS AND DOCUMENTS									
1.	Liberty IRB Tracking Number:								
2.	Name of Document:								
3.	Name of Principal Investigator:								
4.	Original IRB Approval Date: Re-approval Date(s):								
5.	Action Requested: <input type="checkbox"/> Renew for continuing use <input type="checkbox"/> Terminate because: <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.	Has this document been used since last approval? <table style="float: right; border: none;"> <tr> <td style="padding: 0 10px;">Yes</td> <td style="padding: 0 10px;">No</td> </tr> <tr> <td style="text-align: center; padding: 0 10px;">___</td> <td style="text-align: center; padding: 0 10px;">___</td> </tr> </table>	Yes	No	___	___				
Yes	No								
___	___								
7.	List the protocol(s) approved by Liberty IRB in which this document was used: <table style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 30%; border: none;">Tracking #</th> <th style="border: none;">Title of Protocol</th> </tr> </thead> <tbody> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black;"></td> </tr> </tbody> </table>	Tracking #	Title of Protocol						
Tracking #	Title of Protocol								
	<table style="width: 100%; border: none;"> <tr> <td style="width: 70%;"></td> <td style="text-align: center; vertical-align: top;"> <input type="checkbox"/> N/A </td> </tr> </table>		<input type="checkbox"/> N/A						
	<input type="checkbox"/> N/A								



CONTINUING REVIEW FORM

For Research Site Specific Consents, Advertisements and Documents

8.	If this document is a consent, were all subjects on the above protocol(s) required to sign this consent? <i>*If no, attach explanation.</i>	Yes No ___ ___ ___ N/A
8a.	Indicate approval date of ICF currently in use: <i>Submit a copy of the ICF currently in use with this form (if applicable).</i>	
10.	Are there any changes to the document being reviewed? <i>If yes, attach explanation.</i>	Yes No ___ ___
11.	If this was a laboratory consent, if tests were positive, were all results reported to proper authorities?	Yes No ___ ___
12.	If this was a laboratory consent, were all subjects informed of test results? <i>If no, attach explanation.</i>	Yes No ___ ___ ___ N/A

NAME OF PERSON COMPLETING FORM (CONTACT PERSON FOR QUESTIONS):	
Name:	
Title:	
Phone Number:	
Fax Number:	
Email Address:	
Principal Investigator Signature	
Date:	Signature: