REQUEST FOR CONTINUING IRB APPROVAL

**SECTION I: PROTOCOL INFORMATION**

**1. Date of Original Approval:**

**2. Date of Renewal Submission:**

**2. Project Title:**

**3. Protocol Number (if known):**

**4. Principal Investigator**

Name

Email

Address

Phone

Relationship to MSUB: [ ] Faculty [ ] Staff [ ] Graduate Student [ ] Undergraduate Student

 [ ] No Affiliation, explain:

 College/Department:

**5. Faculty Sponsor** - requiredfor student projects.

Name

Email

College/Department:

**6. Project Type:** [ ] Faculty Research [ ] Thesis/Capstone

 [ ] Class Project, name:

 [ ] Other, explain:

**7. Funding Source:**

**SECTION II: CHANGES IN THE PROTOCOL**

**8. Have there been any procedural changes from the originally approved protocol?** [ ] No [ ] Yes

If yes, please explain:

Please note: If the changes to the protocol are fundamentally different from the original, the IRB Chair may require that the Principal Investigator fill out a new IRB application.

**9. Progress Report -** Please summarize research activities since last IRB approval:

**10. Further Progress Information**

 Since the last IRB approval, were there any participant complaints about the research activities?

 [ ] No [ ] Yes

 If yes, explain:

 Since the last IRB approval, were there any unexpected problems or adverse events involving risks to participants? [ ] No [ ] Yes

 If yes, explain:

**11. Planned Research Activities –** Please describe the research activities planned for the renewal. I.e., do you plan to recruit new participants? Collect new data? Are the remaining research activities limit to data analysis only?

**12. Co-Investigators:** Have any co-investigators been added or deleted?[ ] No [ ] Yes

If yes, please explain and add their information below:

1. Name Email

[ ] Added [ ] Deleted

Explanation:

1. Name Email

[ ] Added [ ] Deleted

Explanation:

Name Email

[ ] Added [ ] Deleted

Explanation:

**13. Conflict of Interest**

This project is: [ ] Clinical Trial Research [ ] Non-Clinical Trial Research

 [ ] Other

*By signing below, I hereby certify:*

1. I have read and understand Montana State University Billings’ Conflict of Interest Policy <http://msubillings.edu/humres/procedures/408%20-%20Conflict%20of%20Interest.pdf>

[ ]  PI [ ]  Co-PI [ ]  Co-PI [ ]  Co-PI

1. I have (check only **ONE BOX** per contributing investigator):
2. No relationships, contractual commitments, or financial interests that are or might reasonably be perceived to be in conflict with my duties and responsibilities at MSU Billings;

[ ]  PI [ ]  Co-PI [ ]  Co-PI [ ]  Co-PI

1. A potential conflict of interest which has been duly disclosed previously and there has been no change which requires an updated disclosure; or

[ ]  PI [ ]  Co-PI [ ]  Co-PI [ ]  Co-PI

1. Potential conflicts of interest not previously disclosed. If checked, you must complete and submit a Conflict of Interest Disclosure Statement <http://www.msubillings.edu/humres/forms/Conflict%20of%20Interest%20Form.pdf> to the Human Resources Office and provide a copy to the ORC

[ ]  PI [ ]  Co-PI [ ]  Co-PI [ ]  Co-PI

By signing and submitting this form, you agree that the information you have provided is true and accurate to the best of your knowledge and ability and acknowledge your continuing obligation to update disclosures when there is a significant change in personal or financial interests creating potential Conflicts of Interest.

Students must submit a hardcopy with a penned signature or the application must be signed via DocuSign. Faculty and staff may sign and submit electronically.

|  |  |
| --- | --- |
|   |   |
| Principal Investigator  | Date  |
| Co-Principal Investigator  | Date  |
| Co-Principal Investigator  | Date  |
| Co-Principal Investigator  | Date  |
| Faculty Sponsor’s Signature | Date |

 Include a clean copy of any updated consent forms, debriefing scripts, recruitment scripts, site approvals(s), training certificates, or any other study materials that you plan to use for this project in the coming year.

Office of Research Compliance

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