**REQUIREMENT CHECKLIST – CONTINUING REVIEW (Form 3.11)**

**TO THE PRINCIPAL INVESTIGATOR:** *OBTAIN AN ELECTRONIC COPY OF THIS FORM AND ENCODE ALL INFORMATION REQUIRED IN THE SPACE PROVIDED. PRINT NAME, DATE AND SIGN THIS FORM BEFORE SUBMISSION. INDICATE WITH A (✓) CHECK MARK THE APPROPRIATE TICK BOX.*

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| **Date of Submission (MMM/DD/YYYY)** |  | **IRB Protocol Number** |  |

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| **Sponsor** |  | **Sponsor’s Protocol Number** |  |

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| **Principal Investigator** |  | **Co-investigator(s)**  **(if any)** |  |

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| **Principal Investigator’s Signature** |  | **Principal Investigator’s Contact Number** |  |

|  |  |
| --- | --- |
| **Protocol Title** |  |

|  |  |
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| **Date of Initial Approval of Protocol (MMM/DD/YYYY)** |  |

***TO THE IRB SECRETARIAT:*** *CHECK FOR COMPLETENESS UPON SUBMISSION. INDICATE WITH (✓) MARK ON THE TICK BOXES, IF APPLICABLE.*

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| **Put a check mark (✓)** | **NO. OF COPIES** | | **DOCUMENT SUBMITTED** |
| **Expedited** | **Full Board** |
|  | **1**  **1**  **1**  **1**  **1** | **1**  **1**  **1**  **1**  **1** | Accomplished forms:  -Continuing Review Application (Form 3.3A)  -Progress Report Evaluation Form, if applicable (Form 3.3B)  -Final Report Form (Form 3.4)  -In case the investigators wish to amend the approved protocols at  the time of continuing review, submit requirements for review of amendments (Form 2.4) including any proposed modifications to the informed consent document or protocol (Form 3.2)  -Expired Study Report Form (Form 3.9) for expired approval. |
|  | **1** | **1** | Letter of intent with itemized documents submitted. |
|  | **1** | **1** | Endorsement Letter from the adviser and chairman of the Research Committee of the Department attesting that the study protocol has been **reviewed and approved** (for In-house Medical Interns, Residents and Fellows only). |
|  | **1** | **1** | Copy of the latest version of the IRB-Approved protocol, informed consent forms and other documents (for progress report and expired study report) or final paper (for final report only). |
|  | **1** | **1** | Current Investigator’s Brochure for FDA-regulated research, if available, including modification. |
|  | **1** | **1** | Any significant information related to subject risk, such as the reports of the DSMB or DMC monitoring the research, if available. |
|  | **1** | **1** | All approved amendments/ revisions since the last renewal (for submission of progress/ annual report only) |
|  | **1** | **1** | All previously submitted Progress Reports (for submission of progress/ annual report only) |

*\*Note: Handwritten forms will not be accepted.*