McGill | Faculty of Medicine and Health Sciences | Faculté de médecine et des sciences de la santé

Institutional Review Board
- CONTINUING REVIEW FORM -

The completed form is to be submitted electronically to submit2irb.med@mcgill.ca. The continuing review form must be received at least **one (1) month** before the expiration of the last ethics approval. If you require additional information, please visit the IRB website at: https://www.mcgill.ca/medresearch/ethics or by calling 514-398-3124.

Principal Investigator

Faculty and Department

Study Coordinator, if applicable

Address:

E-mail

Telephone:

Study Title

Grant title, if different from study title.

IRB Study Number

Date of last approval

Has there been a change or addition to the financial support for this study?

◯ YES ◯ NO

If yes, please specify the changes/additions.

Status of the Protocol

- ☐ Active enrolment
- ☐ Recruitment complete
- ☐ Recruitment on hold
- ☐ Data analysis
- ☐ Secondary Analysis only
- ☐ Inactive/dormant**

When did this study begin?

**If the study is inactive/ dormant (i.e., there are no participants enrolled in the study and no study activity is occurring), please specify the reason:

If the study is is actively enrolling participants, or if enrolment is complete, please answer the following questions:

Study sample size:

Total number enrolled in the study:

Number of participants that have completed this study:

Total number of participants withdrawn

Projected date of completion of study enrolment:

Projected date of study completion:

Please provide a brief description of what has occurred since the IRB's last ethics approval.

Has the study revealed any new findings or knowledge relevant to the potential benefits and/or study risks that may influence participants' willingness to continue in the study?

◯ YES
◯ NO
◯ N/A

Has this new information been communicated to participants?

◯ YES
◯ NO
◯ N/A

If applicable, please describe the findings.

Has an amendment(s) to the protocol been submitted to the IRB in the past year?

◯ YES
◯ NO

What is the version date of the most recent IRB- approved protocol?

Has the consent form(s) been revised in the past year?

◯ YES
◯ NO
◯ N/A

Have consent form modifications been reported to the IRB?

◯ YES ◯ NO
◯ N/A

Version date/s of the most recently approved consent form(s):

Have any adverse events occurred since the last approval?

◯ YES
◯ NO
◯ N/A

If yes, how many at McGill sites?

How many at all sites?

Have the adverse events been reported to the IRB? If no, submit all adverse events with this form.

◯ YES ◯ NO ◯ N/A

Have there been any publications?

◯ YES
◯ NO

If yes, append list:

SIGNATURES

Principal Investigator

Date

IRB Chair

Date