Please submit this form with a continuing review application.

|  |
| --- |
| **Rutgers Protocol IRB#**: |
| **Principal Investigator** **Name:** |
| **For Student Investigators, list your Faculty Advisor:** |
| **Protocol Title:** |
| **Date of Expiration:** |

**Please complete the following:**

|  |  |  |
| --- | --- | --- |
| 1. **Were any subjects enrolled after the expiration date?** | | |
|  |  | [\_] Yes\* [\_] No \*Please explain below. |
|  |  |  |
| 1. **Were any research activities (e.g., study visits, chart reviews, data analysis using subject identifiable data, etc.) conducted after the expiration date?** | | |
|  |  | [\_] Yes\* [\_] No \*Please provide a description of these activities below. |
|  |  |  |
| 1. **Provide an explanation as to why a timely Continuing Review Application was not submitted prior to the expiration date.** | | |
|  |  | Please explain : |
|  |  |  |
| 1. **Provide a corrective action plan describing how this will be prevented from occurring in the future.** | | |
|  |  | Please explain: |
|  |  |  |

[**For any document to be modified, please submit two copies. On one copy, underline and use boldface type to indicate revisions and use strikeout for deletions. And include one copy using only plain font (or clean version**)].

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**Signature of Principal Investigator** **Date**

**NOTE:**

Please submit your completed form (electronic signature is acceptable) along with all RELEVANT MATERIALS to [irb-admin@ored.rutgers.edu](mailto:irb-admin@ored.rutgers.edu).