<h1 style="text-align:center">REQUEST FOR CONTINUATION/CHANGE FORM</h1>

Tennessee Tech University Institutional Review Board for the Protection of Human Subjects in Research

(Revised 7/2025)

Instructions: This form should be used to request a continuation of and/or changes <u>to a previously approved IRB application.</u>

Changes: This form should be completed if the PI wishes to change any aspect of the research outlined in an IRB application that was certified as Exempt or approved through Expedited Review or Full Board Review. This application must be approved before the research can proceed with the requested changes.

Continuation: For projects that received IRB approval *through Expedited Review or Full Board Review* that will continue for more than 12 months, the PI must complete, sign, and submit this application for review and approval of project continuation. This application must be submitted no later than <u>one week</u> prior to the expiration of the initial 12-month approval.

Do not staple documents; print one-sided. Handwritten applications will not be accepted. Submit this application and all supporting documents to the Office of Sponsored Programs via campus mail to Box 5164; or scan & email to IRB@tntech.edu. For emailed applications, the application and all supporting attachments must be compiled into **one single document**.

For additional information, please visit the Tennessee Tech IRB website or send an email to IRB@tntech.edu.

Please select the type of request(s) being made:

☐ Request for <u>Continuation</u> for an IRB Application approved through **Expedited Review** or **Full Board Review** (**Complete Sections I, II, and III**)

☐ Request for <u>Changes</u> to an IRB Application **certified for Exempt Status** or approved through **Expedited Review** or **Full Board Review** (**Complete Section I, II, and IV**)

<u>**SECTION I: CURRENT PROJECT INFORMATION**</u>

This information should be identical to the Cover Page and Part B on the approved Application for Research Involving Human Subjects.

Project Title: Click or tap here to enter text.

Principal Investigator (PI): Click or tap here to enter text.   **Student:** Yes ☐ No ☐

PI's Dept: Click or tap here to enter text.   **PI's Email:** Click or tap here to enter text.

Co-Investigators

1. Click or tap here to enter text.	Dept. Click or tap here to enter text.	Student: Yes ☐ No ☐
2. Click or tap here to enter text.	Dept. Click or tap here to enter text.	Student: Yes ☐ No ☐
3. Click or tap here to enter text.	Dept. Click or tap here to enter text.	Student: Yes ☐ No ☐
4. Click or tap here to enter text.	Dept. Click or tap here to enter text.	Student: Yes ☐ No ☐
5. Click or tap here to enter text.	Dept. Click or tap here to enter text.	Student: Yes ☐ No ☐
6. Click or tap here to enter text.	Dept. Click or tap here to enter text.	Student: Yes ☐ No ☐

If PI is a student:

Faculty Supervisor: Click or tap here to enter text.   Dept. Click or tap here to enter text.   Email: Click or tap here to enter text.

Original Application Approval Date: mm/dd/yyyy

Original Application #: Click or tap here to enter text.

SECTION II: STATEMENT OF COMPLIANCE
This section addresses the status of the project since the initial approval date.

1. Indicate to what extent all procedures described in the current project are being/have been followed:
   Click or tap here to enter text.

2. Total number of subjects involved in the project to date or, if existing data study, number of individuals whose records have been obtained.
   Click or tap here to enter text.

3. Listing of any adverse events or unanticipated problems. If none, state so.
   Click or tap here to enter text.

4. Number of subjects who withdrew and the reason(s) (if known) for withdrawal. If none, state so.
   Click or tap here to enter text.

5. Listing of any complaints regarding the project. If none, state so.
   Click or tap here to enter text.

6. Discussion of any new information (such as recent literature, interim findings, etc.) since the last IRB approval that may affect the assessment of the risks or benefits or possibly impact any participant's willingness to continue to take part in the research. If none, state so.
   Click or tap here to enter text.

7. Discuss any changes to the project that have been implemented without being approved by the IRB. If none, state so.
   Click or tap here to enter text.

8. Address whether data are still being collected.
   Click or tap here to enter text.

9. Provide information about any activities in the original application that have not yet been completed.
   Click or tap here to enter text.

SECTION III: CONTINUATION REQUEST: RENEWAL INFORMATION
Complete this section only if requesting an extension to the original end date of an application approved through ***Expedited Review*** *or* ***Full Board Review***

New End Date Requested:
☐ 12-month after renewal   ☐ Less than 12-month after renewal: (Specify: mm/dd/yyyy)

SECTION IV: REQUEST FOR CHANGE TO PREVIOUSLY APPROVED APPLICATION
Complete this section only if changes to an original application certified for Exempt Status or approved through Expedited Review or Full Board Review are being requested.

Basic Summary of Requested Changes
Summarize the changes to the current project and the reason for each change.
Click or tap here to enter text.

Specific Changes
Are changes applicable to the following Parts of the Application for Research Involving Human Subjects?
Click or tap here to enter text.

1. ***Addition of Co-Investigators***
   ☐ Yes
   ☐ No

If yes, please provide the first and last name, department, email address, and whether she or he is faculty, staff, or student. (If the additional Co-PI is not affiliated with Tech, please include her or his university/organizational affiliation.)

Click or tap here to enter text.

NOTE: A certificate of completion of CITI training must also be submitted for each new Co-PI.

2. ***Removal of Co-Investigators***
   ☐ Yes
   ☐ No

If yes, please provide the first and last name of the Co-PI being removed.

Click or tap here to enter text.

3. ***Change to the Data Collection Method or Medium***
   ☐ Yes
   ☐ No

If yes, explain the change(s) and reason(s) for the change(s).

Click or tap here to enter text.

4. ***Change to the Role of Participants***
   ☐ Yes
   ☐ No

If yes, explain the change(s) and reason(s) for the change(s).

Click or tap here to enter text.

5. ***Change to the Research Instrument(s) (e.g., survey, interview protocol)***
   ☐ Yes
   ☐ No

If yes, explain the change(s) and reason(s) for the change(s).

Click or tap here to enter text.

NOTE: If changes are made to the research instrument(s), include with this application a copy of the revised research instrument(s).

6. ***Change to the Number of Participants or Target Population***
   ☐ Yes
   ☐ No

If yes, explain the change(s) and reason(s) for the change(s).

Click or tap here to enter text.

7. ***Change to the Recruitment Procedures***
   ☐ Yes
   ☐ No

If yes, explain the change(s) and reason(s) for the change(s).

Click or tap here to enter text.

8. ***Change to the Costs, Compensations, or Incentives***
   ☐ Yes
   ☐ No

If yes, explain the change(s) and reason(s) for the change(s).
Click or tap here to enter text.

9. ***Change to the Risks or Risk Management Procedures***
   ☐ Yes
   ☐ No
If yes, explain the change(s) and reason(s) for the change(s).
Click or tap here to enter text.

10. ***Change to the Confidentiality, Anonymity, or Privacy***
    ☐ Yes
    ☐ No
If yes, explain the change(s) and reason(s) for the change(s).
Click or tap here to enter text.

11. ***Change to the Informed Consent Process or the Informed Consent Form.***
    ☐ Yes
    ☐ No
If yes, explain the change(s) and reason(s) for the change(s).
Click or tap here to enter text.

NOTE: If changes are made to the Informed Consent Form, include with this application a copy of the revised Informed Consent Form.

12. ***Change to Any Aspect of a Secondary Data Analysis.***
    ☐ Yes
    ☐ No
If yes, explain the change(s) and reason(s) for the change(s).
Click or tap here to enter text.

By signing this, I certify that the information in this application is accurate, and the research outlined in this application will be conducted only in accordance with the approved application.

Principal Investigator:

   Name: Click or tap here to enter text.

   Signature: _____ Date: _____

Faculty Supervisor, if PI is a student:

   Name: Click or tap here to enter text.

   Signature: _____ Date: _____