

# DINÉ COLLEGE

THE HIGHER EDUCATION INSTITUTION OF THE NAVAJO NATION SINCE 1968

## Institutional Review Board

### Form B. Continuation Request

Use this form to request a continuation of a previously approved project with no revisions or modifications. If your project has modifications, please use Form E – Revisions to Protocol.

**Project Name:** \_\_\_\_\_

**Principal Investigator:** \_\_\_\_\_

**DC-IRB Protocol number:** \_\_\_\_\_ **Date of IRB Approval:** \_\_\_\_\_

**Original Project Dates:** \_\_\_\_\_ **Proposed New Dates:** \_\_\_\_\_

**Reason:** Please explain why the continuation request is being made. Attach pages if necessary, indicating "See attached" in the box below.

**Progress:** How much progress has been made toward the completion of this project? Please explain. Attach pages if necessary, indicating "See attached" in the box below.

**Results:** Do you have any preliminary results? \_\_\_ Yes \_\_\_ No

*If yes, please explain. Attach additional pages if needed.*

**Adverse Reactions:** Have there been any adverse or unexpected reactions? \_\_\_ Yes \_\_\_ No

*If yes, please explain briefly below and complete Form E - Report of Adverse Reactions.*

Please attach a copy of original IRB approval letter

Signature of Principal Investigator: