**Continuing Review Request Form**

**IRBNet Study #:**

**Principal Investigator:**

**I am requesting a continuance for the following time period:**

[ ]  6 months [ ]  12 months [ ]  Other:

**The following co-investigator(s)/researchers are still active on the study *(please list)*:**

**Note:** *The* *CITI Refresher Course certificate must be attached to the IRBNet submission for all active members of the research team. Their signature is not required on the submission.*

**I would like to add the following co-investigator(s)/researchers to my study *(please list)*:**

**Note:** *The CITI Course certificate, Attachment C and Resume must be attached to the IRBNet submission for all new additions to the research team. Their signature is required on the submission.*

**The following co-investigator(s)/researchers are no longer active on the study and I request they be removed *(please list)*:**

**Note:** *Their signature is not required on the IRBNet submission.*

**Please select one of the below categories:**

[ ]  There have been **no** changes to the study since the last review.

[ ]  There have been changes to the study since the last review and they are as follows: