**Instructions**

**Continuing review by the R&D Committee is required for all studies that are not under the oversight of another committee or subcommittee. This form should only be used to submit continuing reviews to the R&D Committee. Please complete and submit an R&D Committee amendment/modification request form to submit proposed changes to the research or an R&D Committee study closure report if requesting R&D Committee closure of the study.**

1. **Project and Investigator Information**

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| **Project Number** | Click or tap here to enter text. |
| **VA Facility** | Click or tap here to enter text. |
| **Title of Project** | Click or tap here to enter text. |
| **R&D Committee Approval Expiration Date** | Click or tap here to enter text. |
| **Principal Investigator** | Click or tap here to enter text. |
| **PI Email** | Click or tap here to enter text. |
| **PI Telephone** | Click or tap here to enter text. |
| **Name of Point of Contact other than PI:** | Click or tap here to enter text. |
| **POC Email** | Click or tap here to enter text. |
| **POC Telephone** | Click or tap here to enter text. |

1. **Project Status**

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| **Check one of the following to indicate the overall status of the study:** | |
|  | 1. **Study not yet open to enrollment** |
|  | 1. **Open to enrollment; no research subjects enrolled.** |
|  | 1. **Active and open to enrollment; research subjects are undergoing research procedures per approved project.**   *Indicate # of subjects approved for enrollment****:***  *Indicate # of subjects enrolled:* |
|  | 1. **No longer enrolling subjects; subjects continue to undergo research procedures per protocol.**   *Date Enrollment Ended:* |
|  | 1. **Research procedures are complete. Only data analysis ongoing.**   *Date Research Procedures Ended:* |
|  | 1. **Study is a data collection and analysis only study; research subjects did not undergo research interventions or interactions, to include interviews and surveys. Data analysis is ongoing.** |
|  | 1. **Other:** |

1. **Project Team Members**

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| ***Please list all PI/investigators/project team members currently working on this project. This table can be used to inform the R&D Committee of new study team members that are not Investigators that have been added to the study since the last continuing review. Additional rows may be inserted into the table as needed. Investigators cannot be added with this report; an amendment request must be submitted to the R&D Committee for review and approval.*** | | | | | | |
| **Name** | **Project Role** | | **Staff added and approved by the R&DC since last Continuing Review** | | **Staff being added with this Continuing Review report** |
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| ***All personnel serving in an investigator role are required to indicate whether there has been any change in their conflict of interest status. Please indicate for each investigator if there has been a change below.*** | | | | | | |
| **Name of Investigator** | | **Indicate if a change in Conflict of Interest Status** | | ***Note: For any investigator for which there has been a change, a VA OGE Form 450 must be submitted to the research office for review.*** | | |
|  | | Yes  No | |  | | |
|  | | Yes  No | |  | | |
|  | | Yes  No | |  | | |
|  | | Yes  No | |  | | |
|  | | Yes  No | |  | | |

1. **Scientific Progress**

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| ***Describe the scientific progress made on this project in the past year. Include information on the following****:*   * **Progress**: briefly describe the progress of the research and highlight progress, if any, that   has been made since the last continuing review.  .   * **Observations/Interim Findings**: briefly describe any significant preliminary observations/interim findings since initial approval or the last report. * **Recent Literature**: summarize any recent (within the last year) literature from peer reviewed publications relevant to your research project. * **Publications and Presentations:** provide a list of any journal articles that have been published or accepted for publication and any conference papers that have been presented or accepted. * **Additional Information** ***(Optional):*** provide any additional information specific to this project not addressed in the Continuing Review application (e.g., presentations or publications). |
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1. **Updates Since last Continuing Review**

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| ***Please provide responses to the following questions.*** |
| 1. Have there been any changes to or concerns about the budget/resources for the study since the last review?   No.  Yes.  If yes, please explain:     1. Provide a summary of any unanticipated problems that have occurred since the last continuing review and indicate what impact, if any, they have had on the research study.      1. Since the last continuing review, have all unanticipated, serious, and related adverse events and any unanticipated problems involving risks to subjects or others been reported to the R&D Committee?   No. If no, a report must be submitted to the R&D Committee for review.    Yes.    N/A There have been NO events or problems since last Continuing Review.   1. Provide a summary of any issues of serious non-compliance with applicable policies, including privacy and security that have occurred since the last continuing review and indicate what impact, if any, they have had on the research study.      1. Since the last continuing review, have all incidents of serious non-compliance been reported to the R&D Committee?   No. If no, a report must be submitted to the R&D Committee for review.  Yes.  N/A There have been NO events or problems since last Continuing Review. |

1. **Investigator Signature**

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| ***The Principal Investigator or Local Site Investigator must sign/date the request below.*** | | |
| By signing below, I attest that the project continues to be scientifically and ethically sound. My study team and I have the competencies and resources to continue to conduct the research described in this Continuing Review application. My study team and I will continue to meet the ethical standards for research and will comply with all VA research requirements.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Principal Investigator Signature Date | | |
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