# Continuing Review Application Form

**INSTRUCTIONS TO THE PI/LR:** Submit this filled-out form together with the accomplished PSURERC Form 3.1A Progress Report Form.

**PROTOCOL GENERAL INFORMATION**

|  |  |
| --- | --- |
| **PSURERC Code** |  |
| **Protocol Title** |  |
| **Principal Investigator/Lead Researcher** |  |
| **Protocol Approval Date/s** *(indicate dates of continuing review and/or protocol amendment dates, if applicable***)** |  |
| **Start Date** *(stated in the approved protocol; start of study includes the start of all data collection-related activities post-approval, e.g., communication with recruitment party, invitation, etc.; if not started, indicate target date; if started, indicate actual start date )* |  |
| **Target Completion Date** *(as stated in the approved protocol)* |  |
| **Study Site** |  |
| **Current Status** (*specify the current stage of the study)* |  |

**CONTINUING REVIEW APPLICATION DETAILS**

|  |  |
| --- | --- |
| **Application Submission Date:** |  |
| **Action Requested** |  Renewal: Extension of approved data collection duration   Renewal: New participant accrual to continue   Renewal: Enrolled participant follow-up only   Renewal: Continuation of data collection   Others pls specify |
| **Justification for Continuing Review Application** |  |

**Principal Investigator/Lead Researcher: <Name and Signature>**

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*To be filled out by PSURERC Primary Reviewer*

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| **RECOMMENDATIONS:** |  Approve/Accept   Request additional information: <indicate information>   Request further action: <indicate action>   Amendment in the protocol   Amendment in the ICF/assent   Others, pls specify   Pending, if major clarifications are needed before a decision can be made   Suspend the study   Terminate the study   Withdraw approval |
| **Primary Reviewer** | *<Name and Signature>* |
| **Date of Recommendation** | *<Date>* |