**Appendix F: Request for Continuing IREC Approval Form**

**Part 1 - Administrative Information**

**1**. **Protocol Information**

Project Title:

**2. Contact information**

**2.1. Principal Investigator (PI)**

**Name**:

**Email address**:

**School**:

**Department/Unit**:

**Status:** Undergraduate Student  Graduate Student  Faculty  Staff

**2.2. Please list current members of the research team:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Email Address** | **NU/**  **Non NU** | **School and**  **Dept**  **( if NU)** | **Name of**  **organization**  **( if Non NU)** |
|  |  |  |  |  |
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|  |  |  |  |  |

**Part 2 ‐ Study Overview**

1. Please provide a lay summary of the study purpose and the general research questions/objectives.

1. Progress report since the last approval (please explain the progress of the study since the initial IREC approval or last approval, excluding amendment approvals)

Please select all of the types of research activities that were conducted on this protocol since last IREC approval (excluding amendment approvals)

Active collection of data (not human biological materials or psychological data)

Active collection and use of human biological materials or psychological data

Use of psychological or biomedical devices, or drugs, biologics, or chemical agents

Use of existing data (not human biological materials)

Active collection of data (not human biological materials or psychological data)

Use of existing human biological materials

Please summarize the research activities since last IREC approval (excluding amendment approvals):

Since the last IREC approval (excluding amendment approvals), were there any participant withdrawals from the study or complaints about the research activities?  Yes  No

Since the last IREC approval (excluding amendment approvals), were there any unexpected problems or adverse events involving risks to participants?

Yes  No

Since the last IREC approval (excluding amendment approvals), were there any changes to your study (including with recruitment, informed consent, study design and/or research procedures, research personnel, study location, etc.)?

Yes  No

1. Research activities planned for the next year
   1. Do you plan to recruit new participants?

Yes  No

3.2 Do you plan to collect new or additional data from current research participants?  Yes  No

**Part 3 – Proposed Changes to Study Design**

1. Please select ALL the categories of amendment(s) you are requesting.

Change in Study Title

Change in Principal Investigator

Addition of/change in research personnel

Addition of/change in funding source

Change to research/study design, methods or procedures (e.g., observations, interventions, collection of biological samples or biometric information, participant tasks, etc.)

Addition of/change to study population

Addition of/change to recruitment or compensation procedure(s)

Addition of/change to survey(s), questionnaire(s), or other research instruments - please attach the revised instrument/s

Addition of/change to the identifiers collected in the study, or any others that would impact the privacy and confidentiality of the study participants

Addition of/change to informed consent/assent document(s) and/or procedures - please attach all related documents

Other changes. Specify

1. Change in Principal Investigator

**Name**:

**Email address**:

**School**:

**Department/Unit**:

**Status:** Undergraduate Student  Graduate Student  Faculty  Staff

1. Please state the reasons you are making amendments to the study.

1. Are any of these changes the result of something that occurred during human participant interaction or an unexpected event?

Yes  No

1. How will the proposed changes have an impact on the risks or benefits to research participants?

1. Do these changes involve information that might relate to a subject's willingness to continue to take part in the research?

Yes  No

**Signature**

This page is to be signed by the principal investigator. If the principal investigator is an undergraduate or graduate student, the faculty supervisor must also sign in the lower box.

**Principal Investigator**

I certify that the information I provide in this application is correct and complete. I also pledge that I will not change any of the procedures, forms, or protocols used in this study without first seeking review and approval from the Nazarbayev University Institutional Review Ethics Committee.

Attestation of Principal Investigator

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Name / Signature of Principal Investigator Date

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Name / Signature of Faculty Supervisor Date