

INSTITUTIONAL REVIEW BOARD
CONTINUING REVIEW FORM

Protocol Title: _____

Investigator(s): _____

Date study started: _____ Report date: _____

Number of subjects initiated into study (as of report date): _____

Description of subjects' experiences (please include benefits, adverse reactions, withdrawals from research, reasons for withdrawals):

Description of research results obtained thus far:

Current risk-benefit assessment based on your study results thus far:

Reason for review: Request for continuation Update Study completed

Please attach the following items:

1. Additional sheets if space provided is not sufficient
2. Any new information not previously submitted to the IRB for review
3. A copy of the informed consent currently in use
4. A check for \$500.00, payable to the International Cellular Medicine Society (ICMS) for studies on the second or greater review.

Principal Investigator's signature: _____

RETURN ALL MATERIALS TO: International Cellular Medicine Society
PO Box 4423
Salem, OR, 97302