

Document Name:	<b>Approval of IRB</b>
Document Number:	DUHS / RES/ IRB / SOP / 01

**CONTINUATION REVIEW REQUEST (CRR)**

**There should a cover letter, duly signed by the Director / PI**

Title of proposal

Principal Investigator

Centre

IRB Number

Date of approval

*Attach a copy of previous approval*

**2. Project period covered**

*Indicate for how many months the project has been running. It should not exceed 12 months.*

**3. Research Progress Summary:**

*Give a brief summary of how many participants have been enrolled, any key findings which have come out of study.*

**4. Amendments:**

*Indicate if any amendments have been made over a period of 12 months.*

**5. Any Constraints**

**6. Any other information**

Signature of PI:

Date:

Checklist

	<b>Copies submitted</b>	<b>Confirm</b>
Cover letter submitted		
Last IRB approval letter		
Current Approved Protocol		