



936.294.3622

Continuing Review Form

I. Protocol Information

SHSU Protocol #: _____ Date of Report: _____

*A. Research Title:

B. Personnel

1. Principal Investigator (PI)

*Name: _____ *University Status/Title: _____





Office of Research and Sponsored Programs
Sam Houston State University
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IV. Findings from This Research

A. Describe any preliminary results or findings from this research, if available. If the preliminary results are suggestive of one intervention being better or worse than other(s), please discuss when further findings will be available.

B. If there are preliminary results of this study, indicate if there is a change in any of the following:

- (1) Risks associated with the research: Yes No
- (2) Potential for benefit to be gained from the research: Yes No
- (3) Alternatives to subject participation in the research: Yes No
- (4) Participant willingness to continue participating in the research: Yes No

C. Have the findings been shared with participants? Yes No

If yes, please indicate how and when the findings were shared?

V. Participant Enrollment and Demographics

Total number of participants
enrolled since initial (if first

Total number of participants
enrolled to date (since initial

Total number from non-SHSU
Sites (if 6+68.7()T104 Tc08.52 426.78 286



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E. Informed Consent in Other Languages

Have any participants whose primary language is not English been approached to participate and/or be enrolled in the research? Yes No

If yes, for these subjects, in which language(s) was the informed consent process conducted? _____

F. Complaints

Have any complaints been received about the research? Yes No

If yes, for each complaint describe the substance of the complaint, when it occurred, the complainant's relationship to the study, and how the situation was resolved.

G. Participation Declined

Have any recruited persons (and/or parents, guardians, or legally authorized representatives for the subject) declined to participate in the research after being approached? Yes No

If yes,



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