



NREB CONTINUING REVIEW FORM

Instructions: The National Research Ethics Board of Liberia requires that research protocols are reviewed by the NREB/IRB on a regular basis for continued approval. This form must be submitted at least eight weeks prior to the expiration of the approved protocol. No research may be conducted passed the expiration date unless the study has been reviewed and renewed by the NREB.

Section I: General Studies Information	
Title of Study:	<input type="text"/>
NREB Protocol #:	<input type="text"/>
Approval Date:	<input type="text"/>
Name of Primary Investigator (PI):	<input type="text"/>
Email:	<input type="text"/>
Phone:	<input type="text"/>
Name of Co-Investigator (if applicable):	<input type="text"/>
Email:	<input type="text"/>
Phone:	<input type="text"/>

Section II Research Status	
How many participants have enrolled in the study to date?	<input type="text"/>
How many participants was your study approved to enroll?	<input type="text"/>
How many participants do you intend to enroll in the future?	<input type="text"/>
How many participants have withdrawn from the study to date?	<input type="text"/>
Please describe the reasons for withdrawal from the study, if known:	
<input type="text"/>	



Have any unanticipated problems or adverse events occurred during the duration of the approval period?

Yes No

If yes, please summarize the events:

If yes, did you promptly report these events to the IRB via the Adverse Event Report Form?

Yes No

If no, you must submit an Adverse Event Report Form to the IRB along with the Continuing Review Form.

Section III Research Progress

Briefly summarize the progress of the research to date:

Has any new information been obtained that may alter the risks/benefits to participation in the research?

Yes No

If yes, please explain:



Are you submitting any changes to your protocol, consent form, stimulus materials, etc. along with the Continuing Review Form?

Yes No

If yes, briefly explain the changes and rationale (note: you must submit a copy of the revised documents with this form):

Please select any applicable documents you have submitted with this form:

- Protocol form
- Survey(s), questionnaire(s), interview guide(s)
- Consent form(s)
- Recruitment materials (flyers, emails, etc.)
- Other (specify)

Section IV CERTIFICATION

I certify that the information provided entirely and accurately describes the proposed research project. I agree not to make any changes to the protocol without first seeking IRB, except in the case of immediate harm to participants. I agree to conduct research in accordance with applicable federal guidelines. I agree to immediately report any unanticipated problems or adverse events to the IRB as soon as they are discovered.

PI Name:

PI Signature: Date:

Supervisor name (if applicable):

Supervisor signature (if applicable): Date:

Completed NREB Continuing Review Forms should be submitted with required and supporting documents to nreb.liberia.gov@gmail.com in one communication.