# Form 5: Continuing Review Application Form

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| PROTOCOL No.: | Date: |
| PROTOCOL TITLE: |
| PRIMARY INVESTIGATOR: |
| ACTION REQUESTED:* Renew – Protocol Amendments
* Renew – Expiring ERC approval
* Terminate - Protocol discontinued
* Others

HAVE THERE BEEN ANY AMENDMENTS SINCE THE LAST REVIEW?* NO
* YES (Describe briefly in attached narrative)

SUMMARY OF PROTOCOL PARTICIPANTS: Accrual ceiling set by ERC New participants accrued since last review Total participants accrued since protocol beganACCRUAL EXCLUSIONS* NONE
* MALE
* FEMALE
* OTHER (specify: )

IMPAIRED PARTICIPANTS* None
* Physically
* Cognitively
* Both

HAVE THERE BEEN ANY CHANGES IN THE PARTICIPANT POPULATION, RECRUITMENT OR SELECTION CRITERIA SINCE THE LAST REVIEW?* NO
* YES (Explain changes in attached narrative)

HAVE THERE BEEN ANY CHANGES IN THE INFORMED CONSENT PROCESS OR DOCUMENTATION SINCE THE LAST REVIEW?* NO
* YES (Explain changes in attached narrative)
 | HAS ANY INFORMATION APPEARED IN THE LITERATURE, OR EVOLVED FROM THIS OR SIMILAR RESEARCH THAT MIGHT AFFECT THE ERC EVALUATION OF THE RISK/BENEFIT ANALYSIS OF HUMAN SUBJECTS INVOLVED IN THIS PROTOCOL?* NO
* YES (Discuss in the attached narrative)

HAVE ANY UNEXPECTED COMPLICATIONS OR SIDE EFFECTS BEEN NOTED SINCE LAST REVIEW?* NO
* YES (Discuss in the attached narrative)

HAVE ANY PARTICIPANTS WITHDRAWN FROM THIS STUDY SINCE THE LAST ERC APPROVAL?* NO
* YES (Discuss in the attached narrative)

USE OF INVASIVE MODALITIES OR TECHNIQUES (Dry needling, needle EMG, and the like)* None
* Medically indicated only

HAVE ANY PARTICIPATING INVESTIGATORS BEEN ADDED OR DELETED SINCE LAST REVIEW?* NO
* YES (Identify all changes in the attached narrative)

HAVE ANY NEW COLLABORATING SITES (INSTITUTIONS) BEEN ADDED OR DELETED SINCE THE LAST REVIEW?* NO
* YES (Identify all changes and provide an explanation of changes in the attached narrative)
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