

Application for Continuing Review (Renewal of Clearance)

MMERC Protocol No.		Approval Date	
Protocol Title			
Investigator		Sponsor	
Type of Review	<input type="checkbox"/> Full Board <input type="checkbox"/> Expedited		

Action requested:

- ☐ Renew – New participant accrual to continue
☐ Renew – Enrolled participant follow up only
☐ Terminate – Protocol discontinued

Summary of protocol participants:

- ☐ Accrual ceiling set by ERC
☐ New participants accrued since last review
☐ Total participants accrued since protocol began
☐ Active Participants

YES	NO	REMARKS
		<i>Describe briefly:</i>
		<i>Explain the changes:</i>
		<i>Please explain:</i>
		<i>Discuss and attach a narrative:</i>
		<i>Discuss and attach a narrative:</i>
		<i>Reasons for withdrawal:</i>
		<i>(Please identify them and submit the CVs of new investigators.)</i>
		<i>Please identify the sites and note the addition or deletion:</i>

Impaired Participants:

- ☐ None
☐ Physically
☐ Cognitively
☐ Both

(to be filled-out by MMERC)

Received by: _____
Name and Signature

Date Received: _____

(to be filled-out by MMERC)

Changes to the protocol recommended? () Yes () No

Comments:

Changes to the informed Consent recommended? () Yes () No

Comments:

Comments of Primary Reviewer: _____

FOR MMERC

RECOMMENDATION

Decision	<input type="checkbox"/> Approved <input type="checkbox"/> Request Information, Specific; _____ <input type="checkbox"/> Require Specific Action, Specific; _____ <input type="checkbox"/> Disapproved
Reviewer's Name	
Date	
Signature	