

Submitting Continuing Review/Annual Update Form

My Workspaces Study Assistant

once a Study is submitted a Form can be submitted

All Studies Recently Used Study Status

Search for RB Number, Title, Alias Search

9 result(s) found... 1 - 9

Click to open	Study Status	Review Board	RB Number	RB Expiration	Study Title	Principal Investigator	Actions
	Draft				4Testing		History Items Forms Hide Copy Delete

to submit a new Continuing Review/ Annual Update Form click on the icon

Selecting a form

Submission Form List

Initial	Version List	Start a new Submission	Edit Incomplete Submissions
Initial Review Submission Packet			
IRB			
Submission forms	Version List	Start a new Submission	Edit Incomplete Submissions
End of Project Form			
Personnel Change Request Form			
Unanticipated and/or Adverse Event Form			
Modification Form			
Continuation or Annual Review Submission Form			

select your form

First section

MISERICORDIA UNIVERSITY

Account: [redacted]
Department: MU - Speech-Language Pathology
Path: Home

My Workspaces Study Number: 4Testing Study Assistant

Continuation or Annual Review Submission Form - (Version 1.0)

Print Friendly Refresh Constant Fields Save Section Save and Continue to Next Section

Section view of the Form Entire view of the Form

1.0 CONTINUING REVIEW or CLOSURE

1.0 STUDY INFORMATION

1.1 PRINCIPAL INVESTIGATOR

1.2 PROJECT TITLE

1.3 INVESTIGATORS

1.4 FACULTY ADVISOR(S)

1.5 DATE

1.6 STATUS OF PROJECT

1.7 DEPARTMENT NAME

all of this information gets auto populated by the system

answer the nonautopopulated questions

after you make your selections click Save and Continue

Required fields

My Workspaces Study Number: 4Testing Study Assistant Continuation or Annual Review Submission Form - (Version 1.0) Back

Print Friendly Refresh Constant Fields Save Section Save and Continue to Next Section

Section view of the Form Entire view of the Form

1.0 CONTINUING REVIEW or CLOSURE

1.0 STUDY INFORMATION

1.1 PRINCIPAL INVESTIGATOR

1.2 PROJECT TITLE

Help button manuals

1.3 INVESTIGATORS

1.4 FACULTY ADVISOR(S)

☐ Yes ☐ No

Please name your Faculty Advisor(s).

The field above is a required field and cannot be left blank.

along the form you will find "required" notifications like this one

MISERICORDIA Account: Administrator Department: MU - Speech-Language Pathology Path: Home Help My Profile Log Out

My Workspaces Study Number: 4Testing Study Assistant Continuation or Annual Review Submission Form - (Version 1.0) Back

Print Friendly Refresh Constant Fields Save Section Save and Continue to Next Section

Section view of the Form Entire view of the Form

1.0 CONTINUING REVIEW or CLOSURE

2.0 PROJECT DESCRIPTION

2.1 Provide a one paragraph description of the project and state whether it progressed as planned.

An error occurred on the page. Please correct the mistake and resave the form.

the system will not allow you to continue if the required answers are not answered

The field above is a required field and cannot be left empty.

2.2 Number of subjects

Provide the number of subjects who completed all study procedures.

The field above is a required field and cannot be left blank.

Please provide the number of subjects planned for enrollment in the coming year.

The field above is a required field and cannot be left blank.

Show hide questions (hidden)

MISERICORDIA UNIVERSITY Account: Administrator Department: MU - Speech-Language Pathology Path: Home Help My Profile Log Out

My Workspaces Study Number: 4Testing Study Assistant Continuation or Annual Review Submission Form - (Version 1.0) Back

Print Friendly Refresh Constant Fields Save Section Save and Continue to Next Section

Section view of the Form Entire view of the Form

1.0 CONTINUING REVIEW or CLOSURE

2.0 PROJECT DESCRIPTION

3.0 GRIEVANCES

3.1 Have any subjects registered grievances or complaints about the study?

☐ Yes ☒ No

more questions may appear depending on your answer, in this case there is only 3.1 and 3.2 and no additional questions, but if we answer yes instead

3.2 Please indicate below if there have been any adverse events or unanticipated problems involving use of subjects or sources.

☐ Yes ☐ No

Show hide questions (shown)

Section view of the Form | Entire view of the Form

1.0 CONTINUING REVIEW or CLOSURE
2.0 PROJECT DESCRIPTION
3.0 GRIEVANCES

3.0 GRIEVANCES

3.1 Have any subjects registered grievances or complaints about the study?

☐ Yes ☒ No

How many subjects registered grievances or complaints about the study?

Describe what happened and explain how the grievances or complaints were handled.

3.2 Please indicate below if there have been any adverse events or unanticipated problems involving risks to subjects or others.

☐ Yes ☒ No

when your answer is yes more questions are revealed

Section 4. Summary

MISERICORDIA UNIVERSITY | Account: Administrator | Department: MU - Speech-Language Pathology | Path: Home | Help | My Profile | Log out

My Workspaces | Study Numbers: 47testing | Study Assistant | Continuation or Annual Review Submission Form - (Version 1.0) | Back

Print Friendly | Refresh Constant Fields | Save Section | Save and Continue to Next Section

Section view of the Form | Entire view of the Form

1.0 CONTINUING REVIEW or CLOSURE
2.0 PROJECT DESCRIPTION
3.0 GRIEVANCES
4.0 SUMMARY
5.0 INVESTIGATOR'S ACKNOWLEDGMENT

4.0 SUMMARY

4.1 Summarize anything (including any relevant literature or interim findings) that has occurred since the IRB approval of the study which may have altered the risk/benefit relationship or the subject's willingness to participate.

4.2 Please attached the most recent, approved Consent Form.

Select or Revise Existing | Add a New Consent

Detach	Version	Title	Category	Language	Expiration Date	Consent Outcome	Checked Out	View Document
	1.0	3 year renewal notification		English				11.68 KB

once you make your changes or edits click on save and continue

if you ever need to go back to a specific section or question to make any changes go directly to the section view of the form don't use the back button for this situation, the back button will take you to out of the Continuation Form

on this section 4, SUMMARY you will be asked to load a consent; to add a consent click on add a new consent

once your document is uploaded into the system it will show here

Section 5. INVESTIGATOR'S ACKNOWLEDGMENT

MISERICORDIA UNIVERSITY | Department: MU - Speech-Language Pathology | Path: Home | Help | My Profile | Log out

My Workspaces | Study Numbers: 47testing | Study Assistant | Continuation or Annual Review Submission Form - (Version 1.0) | Back

Print Friendly | Refresh Constant Fields | Save Section | Save and Continue to Next Section

Section view of the Form | Entire view of the Form

1.0 CONTINUING REVIEW or CLOSURE
2.0 PROJECT DESCRIPTION
3.0 GRIEVANCES
4.0 SUMMARY
5.0 INVESTIGATOR'S ACKNOWLEDGMENT

5.0 INVESTIGATOR'S ACKNOWLEDGMENT

5.1 I agree to conduct this Human Research in accordance with applicable regulations and the Misericordia University policies and procedures. I certify that the information in this application is complete and correct. I understand that as Principal Investigator, I have ultimate responsibility for the conduct of the study, the ethical performance of the project, the protection of the rights and welfare of human subjects, and strict adherence to any stipulations imposed by the IRB. The project will not continue until written approval has been received.

Principal Investigator

☐ Agree ☐ Disagree

to view the whole Continuation Form select Entire View of the Form

once you make your selection click save and continue

Form completion

Section view of the Form Entire view of the Form

1.0 CONTINUING REVIEW or CLOSURE
2.0 PROJECT DESCRIPTION
3.0 GRIEVANCES
4.0 SUMMARY
5.0 INVESTIGATOR'S ACKNOWLEDGMENT

you can also print the form before you submit it

Print Friendly Signoff and Submit

Form has been Completed!

Instruction of Form has Been Completed Screen

once you are finished completing the form you get two options, exit to come and submit later, or signoff and submit

Exit Form Signoff and Submit

PDF printer friendly

this is the PDF printing form that will
show once you click print

Continuation or Annual Review Submission Form (Version 1.0)

1.0	STUDY INFORMATION
1.1	PRINCIPAL INVESTIGATOR
1.2	PROJECT TITLE
	Help button manuals
1.3	INVESTIGATORS
1.4	FACULTY ADVISOR(S)
	<input checked="" type="radio"/> Yes <input type="radio"/> No
	Please name your Faculty Advisor(s).
	<input type="text" value="test administrator"/>
1.5	DATE
	01/17/2019
1.6	STATUS OF PROJECT
	<input checked="" type="radio"/> Continuation <input type="radio"/> Annual Review
1.7	DEPARTMENT NAME
	MU - Speech-Language Pathology
2.0	PROJECT DESCRIPTION
2.1	Provide a one paragraph description of the project and state whether it progressed as planned.
	10