

**Request for Continuing Review for Basic Science Projects  
or Projects Classified as R&D Only  
VA New York Harbor Healthcare System**

<b>Project Title:</b>			
<b>Principal Investigator:</b>			
<b>Project Number:</b>			
<b>Name of Sponsor:</b>		<b>Name of Administrator:</b>	

**Project Status (check one):**

<input type="checkbox"/>	<b>PROJECT IS ACTIVE</b>
<input type="checkbox"/>	<b>PROJECT IS TERMINATED</b>

**Study Update:**

1.	Have there been any changes in study hypotheses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Have there been any changes in study methodology?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If any of the above questions were answered yes, please provide an explanation in text box below:

**Attachment Checklist:**

3.	The following items have been submitted by the PI for Continuing Review and Approval to the Research and Development Committee:  (A) A complete copy of this research proposal (narrative portion),  (B) A copy of any Amendments approved during the most recent approval period,	<input type="checkbox"/> Yes  <input type="checkbox"/> Yes	<input type="checkbox"/> No  <input type="checkbox"/> N/A
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<p>(C) Copies of Training Certificates for all study staff. To include: VA Privacy and VA Information Security Awareness &amp; Rules of Behavior</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>(D) An updated <b>ABSTRACT</b>, which is dated with the current date, describing methodology, procedures, and findings to date.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Availability of adequate resources to conduct and complete the proposed research during the most recent approval period**

4.	<p>Have there been any major budgetary changes? If yes, please explain:</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<p>Comment:</p>		
5.	<p>Have all required personnel been assigned (VA hire, IPA, Personnel Contract, WOC)? If no, please explain:</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<p>Comment:</p>		
6.	<p>Have there been adequate supplies available to conduct the research? If no, please explain:</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<p>Comment:</p>		
7.	<p>Was adequate space available to conduct the research? If no, please explain:</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<p>Comment:</p>		

**Progress of the Research**

8.	<p>Have there been any other issues that may have affected the progress of this research project? If yes, please provide a description:</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<p>Comment:</p>		

**Publications**

9.	<p>Please attach any publications and/or abstracts that have been accepted during the most recent approval period.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
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## Conflict of Interest

10.	Since the last Continuing Review of this project, have there been any changes in the COI statement related to the PI or any other personnel listed on the project, that may influence the conduct of this research project? If yes, please include a copy of the new Conflict of Interest Statement.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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I am aware that all research conducted at the VA New York Harbor Healthcare System must be approved by the Research and Development Committee. I have read and understand the most recent Policies and Procedures of the VA NYHHS Research Service. I will retain all study related documents as required by federal regulations. This form, together with any additional requested information, is submitted in compliance with these regulations.

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Principal Investigator's Signature

Date