



Appendix F: NU IREC Request for Continuing Approval Form

Part 1 - Administrative Information

1. Protocol Information

Project Title:

2. Contact information

2.1. Principal Investigator (PI)

Name:

Email address:

School:

Department/Unit:

Status: ☐ Undergraduate Student ☐ Graduate Student ☐ Faculty ☐ Staff ☐ Other

2.2. Please list current members of the research team:

Name	Email Address	NU/ Non-NU	School and Dept (If NU)	Name of organization (If Non-NU)



Part 2 - Study Overview

1. Please provide a lay summary of the study purpose and the general research questions/objectives.
2. Progress report since the last approval (please explain the progress of the study since the initial NU IREC approval or last approval, excluding amendment approvals)

Please select all the types of research activities that were conducted on this protocol since last NU IREC approval (excluding amendment approvals):

- ☐ Active collection of data (not human biological materials or psychological data)
- ☐ Active collection and use of human biological materials or psychological data
- ☐ Use of psychological or biomedical devices, or drugs, biologics, or chemical agents
- ☐ Use of existing data (not human biological materials)
- ☐ Active collection of data (not human biological materials or psychological data)
- ☐ Use of existing human biological materials

Please summarize the research activities since last NU IREC approval (excluding amendment approvals):

Since the last NU IREC approval (excluding amendment approvals), were there any participant withdrawals from the study or complaints about the research activities?

☐ Yes ☐ No

Since the last NU IREC approval (excluding amendment approvals), were there any unexpected problems or adverse events involving risks to participants?

☐ Yes ☐ No



Since the last NU IREC approval (excluding amendment approvals), were there any changes to your study (including with recruitment, informed consent, study design and/or research procedures, research personnel, study location, etc.)?

☐ Yes ☐ No

3. Research activities planned for the next year:

3.1 Do you plan to recruit new participants?

☐ Yes ☐ No

3.2 Do you plan to collect new or additional data from current research participants?

☐ Yes ☐ No

Part 3 – Proposed Changes to Study Design

1. Please select ALL the categories of amendment(s) you are requesting:

☐ Change in Study Title

☐ Change in Principal Investigator

☐ Addition of/change in research personnel

☐ Addition of/change in funding source

☐ Change to research/study design, methods, or procedures (e.g., observations, interventions, collection of biological samples or biometric information, participant tasks, etc.)

☐ Addition of/change to study population

☐ Addition of/change to recruitment or compensation procedure(s)



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- ☐ Addition of/change to survey(s), questionnaire(s), or other research instruments - please attach the revised instrument/s
- ☐ Addition of/change to the identifiers collected in the study, or any others that would impact the privacy and confidentiality of the study participants
- ☐ Addition of/change to informed consent/assent document(s) and/or procedures - please attach all related documents
- ☐ Other changes. Please specify:

2. Change in Principal Investigator

Name:

Email address:

School:

Department/Unit:

Status: ☐ Undergraduate Student ☐ Graduate Student ☐ Faculty ☐ Staff ☐ Other

3. Please state the reasons you are making amendments to the study.

4. Are any of these changes the result of something that occurred during human participant interaction or an unexpected event?

☐ Yes ☐ No

If Yes, please explain:

5. How will the proposed changes have an impact on the risks or benefits to research participants?



6. Do these changes involve information that might relate to a subject's willingness to continue to take part in the research?
- ☐ Yes ☐ No

Signature

This page is to be signed by the Principal Investigator. If the Principal Investigator is an undergraduate or graduate student, the faculty supervisor must also sign in the lower box.

Principal Investigator

I certify that the information I provide in this application is correct and complete. I also pledge that I will not change any of the procedures, forms, or protocols used in this study without first seeking review and approval from the Nazarbayev University Institutional Review Ethics Committee.

☐ Attestation of Principal Investigator

Name / Signature of Principal Investigator

Date

Name / Signature of Faculty Supervisor

Date