REQUEST FOR RENEWAL

Protocol number: ______________________________

Project Title: ____________________________________________________________________________

Main researcher: ______________________________

Approval Type:  ☐ Expedited  ☐ Full Board

Current approval expiration date: ______________________________

Estimated project completion date: ______________________________

I. Current research status

☐ Participants are currently being recruited
☐ Recruitment of participants has ceased, but data is still being collected
☐ Recruitment of participants and collection of data has ceased, but data is still being analyzed
☐ Participants have not yet been recruited; no additional risks from the ones specified by the original proposal have been detected

II. Informed consent

a. Since the last Committee revision, has any new data been discovered that must be informed to participants?

☐ Yes  ☐ No

*If the response is Yes, please submit an amendment to the Informed Consent Form or submit a new one with the new information marked or subtitled.*

III. Adverse events and issues related to research participants

a. Since the last Committee approval, have participants been informed of adverse events that occurred to other participants during the course of the investigation?

☐ Yes  ☐ No

*If the response is Yes, please include a copy of the Report of Adverse Events with this form.*
III. Participant withdrawal

a. Has any participant withdrawn from the investigation due to adverse effects or medical problems?
   ☐ Yes ☐ No

   If the response is Yes, please provide a description of the medical issue or events for each participant who involuntarily withdrew from the investigation.

b. Is it necessary to modify the investigation’s protocol at this time?
   ☐ Yes ☐ No

   If the response is Yes, please complete the Request for Modification and include the necessary documents to be revised by the Committee.

IV. Signatures

By signing, you are certifying that all information provided in this form is accurate and truthful. I understand that as the main researcher, I am responsible for the rights and wellbeing of the human participants as well as the administration and ethical performance of the project.

____________________________________________  _______________________________________
Signature of main researcher                              Month / Day / Year

____________________________________________
Name of professor or advisor (if the researcher is a student)

____________________________________________  _______________________________________
Signature of professor or advisor                              Month / Day / Year