



University of Puerto Rico  
Mayagüez Campus  
Dean of Academic Affairs  
Institutional Review Board

## **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- a. Has any participant withdrawn from the investigation due to adverse effects or medical problems?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