## **Renewal Application (HSR-3)**

IRB Research project #:

Date Submitted:

Principal Investigator:

Faculty research supervisor:

Title of Project:

Please check the following items as they may apply to your project during the period following IRB review:

1. The study was not initiated and has been cancelled (*please indicate here and return the form with a completed signature page*):

2. A renewal of the research project is requested:

a.  Renewal of proposal or research project with no changes. The research project has not yet been begun but will be carried out as previously certified.

b.  The research is in progress and no changes in research project have been made regarding human participants.

c.  The research project was modified during the project. (*Any changes to the research project must be reviewed and Certified by the IRB before being initiated.*) Please attach certified amendment forms.

3. Have there been any adverse events regarding human participants in your investigation?

Yes  No

Explain

I/We certify that the above statements and attachments concerning this research are true.

Signature of Principal Investigator/Researcher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

Date

Approval Signature – Faculty Research Supervisor (for students):

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Date

IRB Certification Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_