## **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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_