

PRINCIPAL INVESTIGATOR:

PROJECT TITLE:

## **Project Renewal Application**

Project renewal is not necessary for research receiving original exempt and expedited review after January 2019. If your original project approval occurred prior to January 2019, contact the IRB about the need for renewal of your project. If you are making revisions to your project, complete the Project Modification form.

Original IRB Approval #:						
BRIEFLY DESCRIBE THE PURPOSE OF THE PROJECT/STUDY (2-3 sentences in non-technical language)  Provide a copy of the original application						
STARTING DATE OF PROJECT:						
DATE OF LAST IRB APPROVAL:						
INDIVIDUALS SCREENED AND E	NTERED:					
<ul><li>(a) Number of individence</li><li>(b) Number of individence</li><li>(c) Number of individence</li><li>(d) If known, complete</li></ul>	uals <b>entered</b> into t uals <b>entered</b> into t	he study he study	since the s since the la	tart of the ast IRB rev	project:	ject:
(u) ii kilowii, complete						1
	Individuals <b>Entered</b> (should reflect # in (b) above)					
	Racial/Ethnic Composition	Male		Female		
		Age Range	Number Entered	Age Range	Number Entered	
	Caucasian					

African American
Native American
Asian
Hispanic
Other

DID ANY ADVERSE EVENTS/REACTIONS OCCUR WITH THIS PROJECT? Yes No If Yes, briefly explain:
PROVIDE A DESCRIPTION OF:
(a) Any withdrawal(s) of participants from the research. Give the reason(s) the participants withdrew:
(b) Any complaint(s) about the research:
HAVE YOU MADE MODIFICATIONS TO THE PROTOCOL THAT AFFECT THE PARTICIPANTS? Yes No  If Yes, have the modifications been approved by the IRB? Yes No
WHAT ARE YOUR PLANS FOR FUTURE PARTICIPANT ENROLLMENT?
Open to Accrual? Yes No
If Yes, give narrative for plans for future enrollment:
If No, date closed to Accrual:
NOTE: Provide copies of all cover memos from all amendments approved by the IRB during the renewal period.
LIST ANY CHANGES TO THE PROTOCOL BEING REQUESTED AT THIS TIME: