REQUEST for PROJECT RENEWAL

For information or help completing this form, contact: THE OFFICE OF RESEARCH COMPLIANCE (ORC), 115 Ramsay Hall Phone: 334-444-5966 e-mail: IRBAdmin@auburn.edu Web Address: http://www.auburn.edu/research/vpr/ohs/index.htm

Revised 2.1.2014 Submit completed form to IRBSubmit@auburn.edu or 115 Ramsay Hall, Auburn University 36849.

Exempt Activities: Must be renewed at least every 3 years.

Expedited and Full Board Protocols: Must be renewed at least annually, prior to the expiration date of the protocol.

If you do not plan to collect additional data and/or you do not have access to identifiable data (code lists, etc.), you may be able to file a "FINAL REPORT" for this project. Contact the ORC for more information.

Form must be populated using Adobe Acrobat / Pro 9 or greater standalone program (do not fill out in browser). Hand written forms will not be accepted.

1. Protocol Number: __________________________
2. Original IRB Approval Dates: From: _______________ To: __________________________
3. Requested Renewal Period (ONE YEAR MAXIMUM): From: __________________________ To: __________________
4. PROJECT TITLE: ________________________________________________________________
5. PRINCIPAL INVESTIGATOR TITLE DEPT PHONE AU E-MAIL
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
PI SIGNATURE MAILING ADDRESS ALTERNATE E-MAIL
   ________________________________________________________________
   ________________________________________________________________
FACULTY ADVISOR SIGNATURE DEPT PHONE AU E-MAIL
   Name of Current Department Head: ____________________________________________ AU E-MAIL: __________________________
6. Current External Funding Agency and Grant number: ______________________________
7. a. List any contractors, sub-contractors, other entities associated with this project: ______________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   b. List any other IRBs associated with this project: ______________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
8. Explain why you are requesting additional time to complete this research project.

FOR ORC OFFICE USE ONLY

DATE RECEIVED IN ORC: ___________ by ___________ RENEWAL # __________________
DATE OF IRB REVIEW: ___________ by ___________ PROTOCOL APPROVAL CATEGORY: ___________
DATE OF IRB APPROVAL: ___________ by ___________ INTERVAL FOR CONTINUING REVIEW : __________________
COMMENTS: __________________

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9. Briefly list (numbered or bulleted) the activities that occurred over the past year, particularly those that involved participants.

10. Do you plan to make any changes in your protocol if the renewal request is approved? (e.g., research design, methodology, participant characteristics, authorized number of participants, etc.)

☐ NO  ☐ YES

(If "yes", please complete and attach a "REQUEST for PROTOCOL MODIFICATION" form.)

11. PARTICIPANT INFORMATION

a. How many individuals have actually participated in this research? _________________________
   If retrospective, how many files or records were accessed? _________________________

b. Were there any adverse events, unexpected difficulties or unexpected benefits with the approved procedures?

☐ NO  ☐ YES

If YES, please describe.

d. How many participants have withdrawn from the study? _________________________  ☐ NA
   If participants withdrew from the study, please explain.

e. How many new participants do you plan to recruit during the renewal period? _________  ☐ NA

f. During the renewal period, will you re-contact any individual that has already participated in your research project?

☐ NO  ☐ YES  ☐ NA

If "YES", please explain reasons for re-contacting participants. (If "YES" and the procedure to re-contact has not been previously approved, please complete and attach a "REQUEST for PROTOCOL MODIFICATION" form.)
12. PROTECTION OF DATA

a. Is the data being collected, stored and protected as previously approved by the IRB?

☐ NO  ☐ YES

If NO, please explain.

b. Are there any changes in the "key research personnel" that have access to participants or data?

Attach CITI completion reports for all new key personnel.

☐ NO  ☐ YES

If YES, please identify each individual and explain the reason(s) for each change.

c. What is the latest date (month and year) you now expect all identifiable data to be destroyed?

(Identifiable data includes videotapes, photographs, code lists, etc.)

DATE: __________________________  ☐ Not Applicable – no identifiable data has been or will be collected.

13. Attach a copy of all "stamped" IRB-approved documents used during the previous year.

(Information letters, Informed Consents, Parental Permissions, flyers etc.).

14. If you plan to recruit participants, or collect human subject data during the renewal period, attach a new copy of the consent document, information letter, or any flyers you will use during the extension.

(Be sure to review the ORC website for current consent document guidelines and updated contact information: http://www.auburn.edu/research/vpr/ohs/sample.htm.)