**AUBURN UNIVERSITY HUMAN RESEARCH PROTECTION PROGRAM (HRPP)**

**REQUEST for PROJECT RENEWAL**

For assistance, contact: **The Office of Research Compliance (ORC)**Phone: **334-844-5966** E-Mail: [**IRBAdmin@auburn.edu**](mailto:IRBAdmin@auburn.edu)  **Submit completed form and supporting materials as one PDF through the** [**IRB Submission Page**](https://aub.ie/irbsubmission)

1. **AU IRB Protocol Number:** Click or tap here to enter text. **Today’s Date:** Click or tap to enter a date.
2. **Dates of most recent IRB approval:** **From:** Click or tap to enter a date. **To:** Click or tap to enter a date.
3. **Project Title:** Click or tap here to enter text.
4. **Principal Investigator (PI):** Click or tap here to enter text. Degree(s): Click or tap here to enter text. Rank/Title: Choose Rank/Title Department/School: Choose Department/School  
   Role/responsibilities in this project: Click or tap here to enter text.  
   Preferred Phone Number: Click or tap here to enter text. AU Email: Click or tap here to enter text.  
     
   **PI Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
      
   **Faculty PI (if applicable):** Click or tap here to enter text.  
   Rank/Title: Choose Rank/Title Department/School: Choose Department/School   
   Role/responsibilities in this project: Click or tap here to enter text.   
   Preferred Phone Number: Click or tap here to enter text. AU Email: Click or tap here to enter text.  
     
   **Faculty PI Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
     
   **Department Head:** Click or tap here to enter text.   
     
   **Department Head Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. **Funding Agency and Grant number:** Click or tap here to enter text.
6. **List any contractors, sub-contractors, other entities associated with this project:**   
   Click or tap here to enter text.
7. **List any other institutions associated with this project:**Click or tap here to enter text.
8. **Describe why additional time to complete this research is required.**Click or tap here to enter text.
9. **List activities that occurred over the past year, particularly those that involved participants.**

Click or tap here to enter text.

1. **Will the project be changed/modified if the IRB approves the renewal request?**(e.g., research design, methodology, participant characteristics, authorized number of participants, etc.)

**YES  NO**

If “YES”, briefly describe the intended change(s), list affected study documents, and separately submit a Protocol Modification Form. The Modification Form must describe the changes and include highlighted and clean copies of the revised documents.  
Click or tap here to enter text.

1. **PARTICIPANT INFORMATION**
   1. **How many participants/ records have enrolled in the study?**

Click or tap here to enter text.

* 1. **Did participants withdraw from the study?**

**YES  NO**

* + 1. If YES, how many? Click or tap here to enter text.
    2. If YES, reason(s) for withdrawals. Click or tap here to enter text.
  1. **How many new participants/records do you intend to enroll during the renewal period?**Click or tap here to enter text.
  2. **If participants will be recruited and enrolled or human subject data will be collected during the renewal period, attach a copy of the consent document, information letter, and any flyers that will be used.**
  3. **During the next approval period, will any individual that has already participated in the research be continued?  
      YES  NO**
  4. **Were there adverse events, unexpected difficulties, or unexpected benefits with the approved procedures?  
      YES  NO  
     If YES describe.**

Click or tap here to enter text. **If “YES”, explain reason(s) and process for re-contacting participants.** (If “YES” and the procedure to re-contact has not been previously approved, attach relevant materials.)  
Click or tap here to enter text.

1. **PROTECTION OF DATA**
   1. **Is the data being collected, stored, and protected as previously approved by the IRB?  
       YES  NO**

**If NO explain.** Click or tap here to enter text.

* 1. **Are there changes to key personnel?**

**YES  NO**

**If YES list individual(s) and describe their role(s) in the research.** Click or tap here to enter text.

* 1. **What is the latest date (month and year) you expect all identifiable data to be destroyed?** (Identifiable data includes videotapes, photographs, code lists, etc.)  
     **DATE:** Click or tap here to enter text.  
      **Not Applicable – no identifiable data has been or will be collected.**

1. **Attach a copy of all documents with the IRB approval stamp used during the previous review period. If requesting changes, submit a copy of revised documents highlighted and clean.** (Information letters, Informed Consents, Parental Permissions, flyers etc.)

**Version Date:** Click or tap to enter a date.