**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**  **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. **Original IRB Approval Dates:** **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. **Do you plan to change/modify the project if the renewal request is approved?**(e.g., research design, methodology, participant characteristics, authorized number of participants, etc.)

[ ]  **YES** [ ]  **NO**

(If “yes”, please briefly describe the intended change(s) and attach a “REQUEST for PROTOCOL MODIFICATION” form.)

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 any changes in the key research 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.