**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. **Are other institutions associated with project?  YES  NO**

**If YES, list the other institutions AND if other IRBs have approved the research, submit documentation of the IRB approval for the research to continue.**Click or tap here to enter text.

1. **Describe why additional time to complete this research is required.**Click or tap here to enter text.
2. **List activities that occurred over the past year, particularly those that involved participants.**

Click or tap here to enter text.

1. **Are you requesting changes in key personnel?  YES  NO  
   If YES, list the name(s) and roles of the individuals you wish to add or remove from the research study and submit CITI documentation for new key personnel.**

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 clean 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 as well as clean copy of all previously approved study documents that need to be stamped for the renewal period.** (Information letters, Informed Consents, Parental Permissions, flyers etc.)

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