# Annual Renewal of Ethics Approval Report

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| --- | --- |
| QUESTIONS | MARK RESPONSE |
| Principal Investigator (PI) name\* | Click to Enter Name |
| Co- Investigator (Co-I) name | Click to Enter Name |
| Student Researcher name | Click to Enter Name |
| Other Investigator(s) name | Click to Enter Name |
| Institution\* | Click to Enter Name |
| Division\* | Click to Enter Name |
| Department\* | Click to Enter Name |
| Mailing Address\* | Click to Enter Mailing Address |
| Phone\* Ext. | Click to Enter Phone # |
| Email Address\* | Click to Enter Email |
| Alternate Email Address\* | Click to Enter Alternate Email |
| Project Title\* | Click to Enter Title |
| Protocol Reference #\* | Click to Enter Protocol # |
| Original Approval Date\* | Click to Select Date |
| Previous Renewal Date (if applicable) | Click to Select Date |

\*All Contact Information Must Be Completed

**Please answer the following questions:**

1. What is the funding status of this project?

| Status of Funding | MARK RESPONSE |
| --- | --- |
| Funding ongoing | Yes: No: |
| Agency | Click to Enter Name |
| Funding Start Date | Click or tap to enter a date. |
| Funding Year | Click to Select Year |
| Application pending | Yes:  No: |
| Agency | Click to Enter Name |
| Funding Start/End Date | Click to Select Date  Click to Select Date |
| Unfunded | Yes:  No: |

1. Have there been any changes to the study protocol or consent form documents since the most recent approval. No:  Yes:

If yes, complete the CHANGE REQUEST FORM and append it to the renewal report. Revised procedures must not be used until approved.

1. Have there been any changes in research personnel? No:  Yes:

If yes, please list former/new personal and position: Click to Enter Name(s)

1. What is the status of the study?
2. Participants are currently being recruited/participating. No:  Yes:
3. Participants will be recruited/participate in the study. No:  Yes:
4. Participants involvement has been completed. Data analysis in progress. No:  Yes:
5. Since receiving original ethics approval has any ethical concerns arisen or has any participants experienced adverse events as a result of their participation in the study? No:  Yes:  (complete and submit the CHANGE REQUEST FORM with the Study Renewal Report).

My signature certifies that the above information is correct and that no additional protocols will be conducted without prior ethics approval. As per the original ethics approval, proper safeguards to security and confidentiality of data will be maintained until all data is destroyed.

PI Signature: 

PI Name: Click to Enter Name

Date: Click to Select Date