# Appendix C

# Annual Renewal of Ethics Approval Application

| QUESTIONS | YOUR ANSWERS |
| --- | --- |
| Principal Investigator(s) name\* | Click or tap here to enter text.  |
| Co- Investigator(s) name | Click or tap here to enter text. |
| Other Investigator(s) name | Click or tap here to enter text. |
| Institution\* | Click or tap here to enter text. |
| Department \* | Click or tap here to enter text. |
| Mailing Address\* | Click or tap here to enter text. |
| Phone\* | Click or tap here to enter text. |
| Email Address\* | Click or tap here to enter text. |
| Alternate Email Address\* | Click or tap here to enter text. |
| Project Title\* | Click or tap here to enter text. |
| Protocol Reference #\* | Click or tap here to enter text. |
| Original Approval Date\* | Click or tap to enter a date. |
| Previous Renewal Date (if applicable) | Click or tap to enter a date. |

\*All Contact Information Must Be Completed

Please answer the following questions:

1. What is the funding status of this project?
	1. Ongoing Funding: Yes: ☐ No: ☐
		1. Agency: **Click or tap here to enter text.**
		2. Funding period (i.e., year 1, etc. or other): **Click or tap here to enter text.**
		3. Application pending:[ ]
		4. Agency: **Click or tap here to enter text.**
		5. Funding period: **Click or tap here to enter text.**
	2. Unfunded:[ ]
2. Have there been any changes to the study protocol or consent form documents since the most recent approval. Yes:[ ]  No:[ ]

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

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

If yes, please list former/new personal and position: **Click or tap here to enter text.**

1. What is the status of the study?
2. Participants are currently being recruited/participating. Yes:[ ]  No:[ ]
3. Participants will be recruited/participate in the study. Yes:[ ]  No:[ ]
4. Participants involvement has been completed. Data analysis in progress. Yes:[ ]  No:[ ]
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? Yes:[ ]  (complete and submit the CHANGE REQUEST FORM with the Study Renewal Report). No:[ ]

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.

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|  |

Name: **Click or tap here to enter text.**

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