

**The Catholic University of America**

**Institutional Review Board for the Protection Of Human Subjects**

**Request to Renew an Approved Protocol (no changes)**

**Please complete this form and return it to:** **Office of Sponsored Research** *(Send the original and one copy).*

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| --- | --- | --- | --- |
|  | |  | Click here to enter a date. |
| ***Principal Investigator’s Name Date*** | |  | ***Date*** |
|  | Click here to enter a date. |  | Click here to enter a date. |
| ***Protocol No.*** | ***Current Expiration Date*** |  | ***Original Approval Date*** |

***Title of Study***

**THE FOLLOWING ITEMS ARE REQUIRED FOR APPROVAL**

(If the research covered by this renewal is limited to data analysis, please answer questions 1 and 4 only.)

1. Number of subjects accrued:
2. Additional anticipated number of subjects for period covered by this renewal:

Please attach the following:

1. A copy of the current consent form(s) without IRB stamps.
2. A summary of progress to date, including findings.
3. For research with more than minimal risk or research that provides and evaluates behavioral or physiological interventions, a summary of recent literature related to the research topic. (Federal policy requires that investigators inform subjects of important new information that might affect their willingness to participate in the research. This information may be findings of this research or of that carried out by others).
4. A description of any adverse events or unanticipated problems involving risks to subjects and proposed solutions, any withdrawal of the subjects from the research, or complaints about the research. Adverse events include required reporting of suspected child abuse authorities.

**INVESTIGATOR’S CERTIFICATION**

I/We hereby certify the research will be conducted in accordance with the currently approved protocol, including approved amendments.

**Signature Date**

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***Principal Investigator***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Faculty Advisor (if applicable)***

**Approved by:**

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***IRB Chair / Expedited Reviewer/Human Protections Administrator (Circle One) Date***