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| **Instructions:**   1. Use this form to request a renewal or closure of your current approved study involving human participants. 2. **For study renewal (with or without changes to protocol)**, this form must be submitted at least **2 weeks** before the expiration date on your BREB study approval letter to ensure adequate review time. 3. **For a study renewal with changes to protocol**: complete all sections of this form andattach a copy of your revised protocol and supporting materials, with changes tracked or highlighted. Email this form with your revised protocol and supporting materials. 4. **For study closure:** complete all sections of this form and email within **2 weeks after the study expiration date**. 5. **Send application materials to:** Office of the Vice Principal and Academic Dean. *A scanned signature/date page, or hard copy of the signature page is acceptable.* |

**This is a request for:**

Project Renewal  Project Closure

Title of Research Project:

BREB Approval #:

Original Approval Date:       Expiry Date:

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| 1. **INVESTIGATOR INFORMATION** |

Principal Researcher Name:

School / Department:

Email:       BUC telephone ext.:

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| 1. **PROJECT INFORMATION** |

2.1 Length of current approved study:

2.2 Expected completion date of study:

2.3 Is this research funded?  YES  NO

If YES, please provide the name of the sponsor and the funding dates:      

2.4 Will there be any changes to the study protocol, consent process or documents since the most recent approval?

YES  NO

If YES, 1) explain the changes briefly in the text box; and 2) attach a copy of your revised protocol and supporting materials, with tracked or highlighted changes with this application:

2.5 Have there been any changes in research personnel who interact with participants and/or have access to personal data?

YES  NO

If YES, please list former/new personnel and position:

2.6 What is the current status of the study? (Please check appropriate boxes and provide relevant information.)

Research participants are currently being recruited and/or participating.

Research participants will be recruited. Provide estimated start and end dates:

Research participant involvement has been completed.

Number of participants who have completed the study:

Number of participants who have withdrawn from the study (provide reasons for withdrawal):

On hold. Please explain:

Final analysis in progress.

This study involves secondary data only.

2.7 Please describe any issues or concerns you have encountered with recruitment or data management (if any):

2.8 Since receiving original ethics approval, have there been any ethical concerns (minor or major)?

YES  NO

If YES, please explain in detail (use additional pages as necessary).

     

2.9 Have there been any adverse or unanticipated events over the approval period (please attach adverse event documentation)?

YES  NO   
  
If YES, please explain the events:      

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| 1. **DECLARATION** |

**I declare that the project information provided in this report is accurate.**

***Note:*** *Type name(s) in the text fields below and email this page with scanned signature(s)/date, or submit a hard copy.*

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NAME OF PRINCIPAL INVESTIGATOR

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SIGNATURE OF PRINCIPAL INVESTIGATOR DATE

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NAME OF CO-INVESTIGATOR

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SIGNATURE OF CO-INVESTIGATOR DATE