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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.*
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**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**
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Principal Researcher Name:

School / Department:

Email:       BUC telephone ext.:

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| 1. **PROJECT INFORMATION**
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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**
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**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