**RENEWAL FORM**

To request continuing approval of your research protocol, please complete all of the following sections, attach all requested documents, and return as attached files to IRB@illinois.edu.

If you would like to request study closure, please submit a [closure form](https://oprs.research.illinois.edu/forms-templates/forms/closure-form) instead of this renewal form.

The OPRS website contains [consent form templates](https://oprs.research.illinois.edu/forms-templates/templates) and additional guidance. Please refer to these for the most current language requirements.

**Section 1. PROTOCOL INFORMATION**

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| **1A. Principal Investigator:** |
| **1B. IRB Protocol Number:** |
| **1C. Project Title:** |
| **1D. Expiration date:** |

**Section 2. STUDY STATUS**

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| **2A. Total number of subjects enrolled (completed the consent process) since the study was approved, including any who have withdrawn:**       |
| **2B. Have any subjects withdrawn?** [ ]  Yes [ ]  No**If yes, please attach a summary of the reasons for withdrawal and any associated risks\***[ ]  Attached*\* In the summary, please provide numbers for the following, as appropriate: Screen failures, lost to follow-up, subject withdraw from study, PI withdraw from study.*  |
| **2C. Are subjects still being enrolled?** [ ]  Yes [ ]  No1 |
| **2D. Is data still being collected (with current or future subjects)?** [ ]  Yes [ ]  No1 |
| **2E. Is data identifiable? Please note that audio and video recordings are considered identifiable** [ ]  Yes [ ]  No1 |

**Section 3. MODIFICATIONS**

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| **3A. Are you requesting any changes at this time (including changes in research team members)?** [ ]  Yes [ ]  No**If yes, *please complete and submit an*** [***Amendment Form***](https://oprs.research.illinois.edu/forms-templates/forms/amendment-form) ***and materials to be reviewed with this renewal.*** |

***1****Continuing IRB approval is not necessary for analysis of completely de-identified data. Please provide our office with a closure form instead of this renewal form if your data is completely de-identified and you have no plans to enroll new subjects or collect new data with currently enrolled subjects.*

**Section 4. UNANTICIPATED PROBLEMS & ADVERSE EVENT REPORTING**

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| **4A. Have you experienced any** [**unanticipated problems or adverse events**](https://www.hhs.gov/ohrp/regulations-and-policy/guidance/reviewing-unanticipated-problems/index.html)**?** [ ]  Yes [ ]  No**If yes, and they *have not* been reported to OPRS, complete an** [**Adverse Event Form**](https://oprs.research.illinois.edu/forms-templates/forms/adverse-event-report-form) **and send with this form.**[ ]  Attached**If yes, and they *have* been reported to OPRS, attach a summary of the events and resolution.**[ ]  Attached |

**Section 5. SIGNIFICANT NEW FINDINGS**

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| **5A. Is there any recent literature, interim finding, or other finding, if any, that might affect the risks or benefits to subjects or the subjects’ desire to continue to participate in this project?** [ ]  Yes [ ]  No**If yes, attach a summary.**[ ]  Attached |

**Section 6. FUNDING**

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| **6A. Is your study currently funded? [ ]  Yes [ ]  No****If yes, funding source(s):      ; grant/contract #(s):**  |
| **6B. Does your study have previous or expired funding? [ ]  Yes [ ]  No****If yes, funding source(s):      ; grant/contract #(s):      ; End Date(s):** |

**Section 7. FINANCIAL INTERESTS**

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| **7A. Have there been any changes to the financial** [**COI**](https://research.illinois.edu/regulatory-compliance-safety/conflict-commitment-or-interest) **associated with this protocol?** [ ]  Yes [ ]  No**If yes, please contact** **coi@illinois.edu****.**  |

**Section 8. INVESTIGATOR ASSURANCES**

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| **The signature of the Principal Investigator (PI) is required** before this application can be processed. Other investigators who are responsible for these assurances are encouraged to sign. * I certify that the information provided in this application, and in all attachments, is complete and correct.
* I understand that I have ultimate responsibility for the protection of the rights and welfare of human subjects, the conduct of this study, and the ethical performance of this project.
* I agree to comply with all UIUC policies and procedures, the terms of its Federal Wide Assurance, and all applicable federal, state, and local laws regarding the protection of human subjects in research.
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| **The original signature of the PI is required before this form can be processed (electronic signatures are acceptable).**             \_\_\_\_\_\_\_\_\_\_Principal Investigator Date |