

Request for Renewal

Effective 02/23/18

Submission Instructions

Please complete this form in its entirety and submit to the Institutional Review Board (IRB) Administrator via email to IRB@rockies.edu or e-sign.

nves	tigator information				
First Name:		Last Name:	Student ID	:	
Addre	ss:	City:	State:	Zip:	
		Email:			
Fitle of Project:			Chair:		
RB#:_		Original Leve	el of Review: Exempt	Expedited Full	
	rsity of the Rockies and cts that are currently act	federal government regulationsive.	s require review at least a	nnually of all	
1.	Is your project still active	? 🗌 Yes 🔲 No			
2.	If not active, what is the disposition of the project and the data resulting from the project? You are reminded that informed consent forms are privileged institutional records and must be protected for confidentiality of information on individual participants (use additional pages to respond).				
3.	If active, is the project proceeding as originally approved with no substantial modifications? Yes No If no, please attach additional information regarding changes to project.				
4.	If you answered "Yes" to #3, when did you last complete required CITI training? If you have not completed this training with 30 months of the date of this application, please complete the CITI training and submit a copy of the completion report with 30 days of Institutional Review Board (IRB) approval.				
5.	Has anything happened since your study was originally approved that affected the risk to participants? Yes No If yes, please attach an explanation.				
6.	information in order to ap of a research project. Ple	Board (IRB) is required by the fed oprove a request for a renewal of ease use the following checklist w (use additional pages to respond	approval and/or conduct a c hen submitting your request	continuing review	

- a. The approximate number of participants accrued.
- b. A description of any adverse events or unanticipated problems involving risks to participants or others, withdrawal of the participants from the research, or complaints about the research.
- c. A summary of any recent literature, findings, or other relevant information about risks associated with the research.
- d. A copy of the current informed consent document.

 Is this project currently funded? Yes No If yes, please indicate funding source(s) and whether a cert requested. 	tification to an external agency will be
Investigator Signature:	Date:
You have provided your consent to receive documents from University of your Online Application. For more information, please refer to the LC Catalog.	
Chair Signature:	Date:
Office Use Only	
IRB#: At IRB:	
Action: Approved Approved with Revisions Disapproved	
Signature of IRB Chair:	Date: