



## Request for Extension of Research Study or Program Evaluation Form

**Directions:** To request an extension complete this form and submit this form along with any required materials to the current HIRB prior to the expiration date. Continuing your research project past its expiration date without an approved extension, places the researcher and research project in non-compliance of federal regulations. This puts the researcher at risk of losing any data collected from the time the approval expired until the time it was renewed. Do not forget to take the HIRB certification test located on the HIRB website and include your certificate with this form.

1) Principal Investigator Name: \_\_\_\_\_

2) Project Title and Number:  
\_\_\_\_\_

3) Date of Initial Project Approval: \_\_/\_\_/\_\_\_\_ (mm/dd/yyyy)

4) Date(s) of ~~any approved extensions~~ (please, list dates of ~~all approved~~ extensions:

\_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)

\_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)

5) Protocol Update:

a. Has the project protocol been revised for this next year for which you are seeking extension approval?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

If you answered "No" to question 5.a. above, skip to question 6.

If you answered "Yes" to question 5.a. above go to question 5.b. below.

b. Has this revised project protocol been reviewed and approved by HIRB?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

c. Date of project protocol's latest revision (if applicable):

\_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)

***If you answered "No" to question 5.b. above, then when completing this form, send in your revised protocol along with this form. Go to question 6 next.***

If you answered "Yes" to question 5.b. above go to question 6 below.

6) Did any serious issues or adverse events occur at any of the research study/program sites that have **not** been previously reported?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If you answered "No" to question 6 above, go to question 7.

**If you answered "Yes" to question 6, then you must complete an Incident Report Form before applying for renewal. Go to question 7.**

7) Did any significant protocol violations occur at any of the research study/program sites for this protocol that have **not** been previously reported?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If you answered "No" to question 7 above, go to question 8.

**If you answered "Yes" to question 6, then you must complete an Incident Report Form before applying for renewal. Go to question 8.**

8) Participant Update:

- a. About how many participants are currently in your study/program? \_\_\_\_\_
- b. Do you plan to increase the number of participants in your study/program for this upcoming year for which you are applying for extension?

\_\_\_\_\_ Yes: \_\_\_\_\_ approximate number of participants to be added

\_\_\_\_\_ No

**Statement of Researcher Compliance**

Directions: Please, read the statement below and initial the line to indicate agreement/compliance. Then sign and date the form where indicated.

Note: This section of the form can only be completed by the authorized principal investigator, principal researcher or program evaluator on this particular research study.

As Principal Investigator/Principal Researcher/Program Evaluator of this study, I acknowledge the following:

\_\_\_\_\_ All the information supplied on this form is completely correct.

\_\_\_\_\_  
Authorized Researcher/Program Evaluator Signature

\_\_\_\_\_  
Date