# **Request for Renewal Form**

Loyola University Maryland

*All approved human subjects applications retain approval for a period of one year, at which time the protocol must be reviewed and judged to merit a continuation of approval by the committee. If changes to the original protocol are proposed, a memo explaining the changes and their reasons must be attached to this form and submitted to Loyola’s Institutional Review Board.*

Original Protocol No:      Date of Original Approval:

Expected Project Completion Date:

Principal Investigator      Co-Investigators:

Department

Contact Phone:       Email Address

Title of Project:

**Quantity of Subjects Studied to Date:**

Since Last Approval:

Male:       Female       Adults:       Minors

Since Original:

Male:       Female       Adults:       Minors

Source of Population:

**ANSWER ALL OF THE FOLLOWING QUESTIONS:**

| Yes | No | Is there a substantial departure from the previously approved research plan? |
| --- | --- | --- |
| Yes | No | Are there minor amendments proposed for the research plan or consent form? |
| Yes | No | Were any of the participants within drawn from the study to date? |
| Yes | No | Have any unexpected side effects, complications, or findings been noted? |
| Yes | No | Has any new information, from any source, become available since this protocol’s last review that might affect the Institutional Review Board’s perception of the risk: benefit ratio for this study? |

**If you answered “Yes” to any of the above, attach a memo to this form giving a complete explanation of the item and a revised consent form.**

Have you added or removed personnel from your research project? Yes  No

**IF YES,** list any **new or removed personnel,** indicating if they are affiliated with Loyola University Maryland or not.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Affiliation | Research responsibility | Add/Remove |  |
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IN THE SPACE BELOW, describe the progress and results of the study to date (attached additional pages if necessary):

Principal Investigator’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Faculty Sponsor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: