**BHRD Research/Evaluation Project Renewal**

Date: \_\_\_\_\_\_\_\_\_\_\_

Investigator/Evaluator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Original Approval Date: \_\_\_\_\_\_\_\_\_\_\_\_ Current Expiration Date: \_\_\_\_\_\_\_\_

Request Renewal Until (maximum 1 year): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For personnel added since last approval, please fill out information below: (If you’ve submitted similar information to an IRB you may substitute that form.)

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| --- | --- | --- | --- | --- |
| **Staff** | **Role** | **Human Subjects Training**  **(Date)** | **HIPAA Training**  **(Date)** | **Confidentiality Oath Signed**  **(Date)** |
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Status Update (Please provide a BRIEF update on where you are compared to where you expected to be, protocol changes, significant problems encountered, etc.)

Copy of IRB renewal attached: \_\_\_\_\_N/A \_\_\_YES \_\_\_\_NO (explain)

For BHRD use only:

Disposition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_