 

Behavioural Research Renewal

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| Identification | | | | |
| 1.1 | File number:  Expiry date:  Project Title | | | |
| 1.2 | Principal Investigator  Full Name:  Mailing Address:  Email:  Phone:  Supervisor if a Student Project  Full Name: | | | |
| 1.3 | Funder: | | | |
| PART 2: CURRENT STATUS OF THE STUDY | | | | |
| 2.1 | Does this project require annual reporting to another Saskatchewan REB?  Yes  No If yes, specify where: | | | |
| 2.2 | Check all that apply:  Recruitment has not yet started  Participants are currently being recruited  Recruitment is closed  Data collection involving participants is on-going.  What was the original number of participants to be recruited? \_\_\_\_\_\_\_  How many research participants are currently in the study? ­­­­­ \_\_\_\_\_\_\_\_  The data collection is complete, remaining research activities are limited to data analysis only.  How many research participants have completed the study? \_\_\_\_\_\_\_\_  The study is closed (Please complete the Behavioural Study Closure Form) **Please note that various funding organizations require the study to remain open until the fund is closed.** | | | |
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| 2.3 | **Since receiving original ethics approval, have any ethical concerns arisen?**  **Yes**  **No**  If Yes, please provide the details on how the situation was resolved and what procedures and safeguards are in place to ensure participant safety: | | | |
| 2.4 | Provide a brief summary of study progress and results (100-200 words). | | | |
| 2.5 | Have any findings, new information or study modifications changed the risk level of this study for current and future participants? If Yes, explain the changes made, how participants will be notified and whether or not participants will be re-consented. | | | |
| PART 3: THE FOLLOWING SECTION REQUIRES COMPLETION IN THE CASE OF CHANGES ONLY | | | | |
| 3.1 | University/Institutional Affiliation of Principal Investigator  Position:  Department:  Division: | | | |
| 3.2 | Project Personnel, please list any new personnel. | | | |
| Full Name:  Project Position/Role:  University/Institutional Affiliation/Department | | Full Name:  Project Position/Role:  University/Institutional Affiliation/Department: | |
| Email: | Phone: | Email: | Phone: |
| If this is a student/graduate/resident project, please provide the following information:  Student Name:  University/Institutional Affiliation/Department  Email:  Phone: | | | |
| Do any personnel need to be removed from the study? If so please list below:    Do any students need to be removed from the study? If so please list below: | | | |
| 3.3 | Primary Contact Person for Correspondence (if different than Section 1.2)  Full Name:  Mailing Address:  Email:  Phone: | | | |
| 3.4 | Research Site(s) where project will be carried out: | | | |
| 3.5 | Proposed Project End Date:(MM/DD/YY) | | | |
| **PART 4: DECLARATION OF THE Principal Investigator**  **(or Supervisor for student projects)** | | | | |
| 4.0 | * I confirm that the information provided in this renewal is complete and correct. * I accept responsibility for the continued ethical conduct of this project and for the protection of the rights and welfare of the human participants who are directly or indirectly involved in this project. * I will ensure that any significant changes to the project, including the proposed method, consent process or recruitment procedures, will be reported to the Research Ethics Board for consideration in advance of its implementation. * I will ensure that a status report will be submitted to the Research Ethics Board for consideration within one month of the current expiry date each year the project remains open, and upon project completion.   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Principal Investigator Printed Name of Principal Investigator Date (MM/DD/YY)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Supervisor if a student Project Printed Name Supervisor Date (MM/DD/YY) | | | |