**Research Ethics Board (REB) Annual Renewal Application**

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| Full Study Title:       |
| Original Date of Approval by the REB (D/M/Y) :       |
| Most Recent Renewal Date (D/M/Y):       |
| Period Renewal is Requested For (D/M/Y):       |
| Overall Objectives & Purpose of this study Objectives (BRIEF SUMMARY):      Purpose (BRIEF SUMMARY):       |
| Date of all amendments to protocol and informed consent reviewed by the Research Ethics Board since last approval:       |
| Are there safety reports/adverse events since the last approval: [ ]  Yes [ ]  NoIf yes, please attach a summary statement. |
| Patient accrual for this study is currently: [ ]  Open [ ]  Closed |
|  |
| Please provide an update on the study’s overall progress:       |
| Total number of patients enrolled       |
| If no patients have been enrolled within the last year, please provide details as to why:       |
| List of ethics reviews, results and contact persons since last approval by the REB:       |
|  |
| Please submit payment validation for all areas originally identified as being impacted by this study as agreed upon with study approval.[ ]  **Yes**, payments have been completed. (Please attach confirmation of payment)[ ]  **No**, payments have not been completed. (Please indicate why reimbursement was not received).       \*Please note that “pending invoice” is not acceptable for non-payment of monies owed and may cause a delay in the renewal of your study\* |

Principal Investigator:

Address:

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Signature of Principal Investigator Date