

**Request for Renewal of Ethics Approval**

<b>Name of Principal Investigator: (or supervisor if graduate student project/thesis)</b>	
<b>Department:</b>	
<b>Co-Investigator(s):</b>	
<b>Student Investigator: (If graduate student project/thesis)</b>	
<b>Title of Research Project:</b>	
<b>REB Project Number:</b>	
<b>Initial ethics approval date:</b>	
<b>When did the project begin?:</b>	
<p><b>Is the project being carried out as described in the original project?</b>          Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please explain the differences.</p>	
<p><b>Have any research subjects suffered any serious or unexpected harm?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>          If yes, please describe.</p>	
<p><b>Is this project funded?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, who is the funder?</p>	
<p><b>Please provide the following details on enrollment of participants:</b></p> <p>Number of participants that have completed the study: [     ]</p> <p>Number of participants currently enrolled in the study: [     ]</p> <p>Number of additional participants still required: [     ]</p> <p>Number of participants that have voluntarily withdrawn from the study: [     ]</p>	
<p><b>Has there been any significant change in the information on which the REB provided ethics approval, e.g. new knowledge from the literature, from the present project or from other sources?</b>          Yes <input type="checkbox"/> No <input type="checkbox"/>          If yes, please describe the new information, and indicate how it differs from that in the previous or original ethics approval, and its impact in the ethics if the research underway.</p>	

Have there been any internal or external audits of the research, preliminary analyses, or reports of data and safety monitoring boards, etc? Yes  No  If yes, please describe.

Have any amendments been made to the application since its original approval?

Yes  No

If yes, please explain them.

If yes, were these amendments approved by the REB? Yes  No

If yes, when? If no, why not?

Are you now requesting any amendment(s) to the application? Yes  No

If yes, please describe and justify the proposed amendment(s). (Please attach)

If the project or consent information has changed since the original application was approved, or if changes are requested at this time, please provide the current or proposed version and indicate where the changes were made.

When do you expect the project to be completed?:

Please sign below:

\_\_\_\_\_  
Principal Investigator (or project supervisor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Investigator  
(If graduate student project/thesis)

\_\_\_\_\_  
Date

*For Office of Research Use Only:*

Request for renewal approved by:

\_\_\_\_\_  
Chair, REB

\_\_\_\_\_  
Date

Please complete and mail or fax to:  
Office of Research, Lakehead University  
955 Oliver Road, Thunder Bay, ON P7B 5E1 Fax: 807-346-7749