## IRBlogo-m

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# California State University, Stanislaus

Institutional Review Board

**Protocol Renewal Form**

Office of Research & Sponsored Programs, MSR 160

Telephone (209) 667-3493

Email: IRBAdmin@csustan.edu

**For Official Use Only**

Protocol Log # \_\_\_\_\_\_\_\_\_ -- \_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | | | | | | | | | | | |
| Principal Investigator | |  | | | | | Co-Investigator(s) | | | |  | | | | |
| Department |  | | | | | | Faculty Sponsor | | | |  | | | | |
| Address |  | | | | | | | | | | | | | | |
| City |  | | | | | | State |  | | | | | Zip code | |  |
| Phone | (     ) | | | | | | Email |  | | | | | | | |
| Title of Project |  | | | | | | | | | | | | | | |
| Previous Protocol Number | | |  | | | | | | |  | | | | | |
| Master’s Thesis/Project? | | | YES  NO | | | | | | |  | | | | | |
| Doctoral Dissertation? | | | YES  NO | | | | | | |  | | | | | |
| Sponsored Project? | | | YES  NO | |  | Source of Funds | | |  | | | | | | |
| Protocol Renewal Questions | | | | | | | | | | | | | | | |
| Briefly describe your research project to date including progress made and the reasons for continuing the research. Please state whether data collection has been completed. | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Have there been any procedural changes from the originally approved protocol? | | | | | | | | | | | | | | | |
| YES  NO  If yes, please explain: | | | | | | | | | | | | | | | |
| Have there been any unanticipated events during the study? | | | | | | | | | | | | | | | |
| YES  NO  If yes, please explain: | | | | | | | | | | | | | | | |
| Certification and Signature | | | | | | | | | | | | | | | |
| By submitting this protocol I certify under the penalty of professional misconduct the attached statements are accurate and true. | | | | | | | | | | | | | | | |
| Principal Investigator Signature: | | | |  | | | | | | | | Date: | |  | |
| Faculty Sponsor Signature (if applicable): | | | |  | | | | | | | | Date: | |  | |