MCLA

Institutional Review Board
Renewal Application

Title of Study

Principal Investigator:

Name: **Phone:** **Fax:**

NIH Certification #: **Email:**

Faculty Advisor: (*If not Principal Investigator*)

Name: **Phone:** **Fax:**

NIH Certification #: **Email:**

1. Have the risks and/or benefits to the subjects changed from those originally anticipated? ☐ YES ☐ NO

2. Did any adverse events or unanticipated problems involving risks to the subjects or others occur? ☐ YES ☐ NO

3. Have any subjects withdrawn or have you excluded anyone from the study? ☐ YES ☐ NO

4. Have any subjects expressed discomfort or concerns or complained about the research? ☐ YES ☐ NO

5. Since the last IRB review, have there been any findings, publications, or other relevant information that relate to risks associated with the research? ☐ YES ☐ NO

6. Are any subjects participating in the study who have not signed a consent (and/or assent) form? ☐ YES ☐ NO

If you answered "YES" to any of the above questions, please attach a detailed explanation, including actions taken to reduce the risks or discomforts to subjects and/or to communicate new findings or knowledge to subjects. If you are still enrolling subjects in this study, please attach a copy of the current IRB-approved consent form.

Signature of Principal Investigator _____

Faculty Advisor: (*If not Principal Investigator*) _____

Date: _____ **IRB Application #:**