Institutional Review Board (IRB)

Request to Renew an Approved Protocol

DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

Principal Investigator(s):	
Protocol IRB #:	Title:
Original Approval Date:	Type of Approval: ☐ Full Board ☐ Expedite ☐ Exempt

THE FOLLOWING ITEMS ARE REQUIRED FOR APPROVAL

(If the research covered by this renewal is limited to data analysis, please answer questions 1 and 5 only.)

1. Number of participants accrued: _____
2. If research used data collected on human subjects, number of records utilized: _____
3. Year(s) of data included in the research: _____
4. Additional anticipated number of subjects for period covered by this renewal: _____

Please attach the following:

4. A copy of the current consent form(s).
5. A summary of progress to date, including findings.
6. For research with more than minimal risk or research that provides and evaluates behavioral or psychological interventions, a summary of recent literature related to the research topic. (Federal policy requires that investigators inform subjects of important new information that might affect their willingness to participate in the research. This information may be findings of this research or of that carried out by others.)
7. A description of any adverse events or unanticipated problems involving risks to subjects and proposed solutions, any withdrawal of subjects from the research, or complaints about the research. Adverse events include required reporting of suspected child abuse to DOH authorities.

INVESTIGATOR'S CERTIFICATION

Please Check one and supply the appropriate information:

☐ I (We) hereby certify that the research will be conducted in accordance with the currently approved protocol, including approved amendments.

_____ _____

Signature of Principal Investigator Date

☐ Changes have been made to the protocol. Attached are 1) a memo describing the changes, and 2) a copy of the most recently approved protocol with the changes in bold-faced type.

_____ _____

Signature of Principal Investigator Date

Approved by (circle one): IRB Chair or Expedited Reviewer or Human Protections Administrator

Name:_____ Signature:_____ Date:_____

Email the completed forms to: doh-irb@dc.gov or mail to: Dr. Brittani Saafir-Callaway, DC Health IRB Chair Center for Policy, Planning & Evaluation, 2201 Shannon Place SE., Room 632, Washington, DC 20020