REQUEST to RENEW an APPROVED PROTOCOL
DOH-Institutional Review Board for Public Health (IRBPH)

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<th>Principal Investigator(s):</th>
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<tr>
<td>Protocol IRB #</td>
<td>Title:</td>
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<td>Original approval date:</td>
<td>Type of approval:</td>
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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: ______
   Year(s) of data included in the research: ___________________
3) 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:
IRB Chair or Expedited Reviewer or Human Protections Administrator (circle one)
Name:_________________________ Signature:_________________________ Date:__________

Mail the completed forms to: Fern Johnson-Clarke, PhD, IRB Chair,
DOH, Center for Policy, Planning & Evaluation,
899 N. Capitol St. N.E., Suite 248,
Washington, D.C. 20002   (Telephone: 202-442-9032, Fax: 202-442-4833)