

**(IRB) INSTITUTIONAL REVIEW BOARD OF
CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO**

Human Subject Protocol Renewal Form

DATE: ____/____/____

IRB NUMBER: _____ Email Address: _____

REVIEW CATEGORY: If your application was originally submitted and approved under the *exempt category*, you DO NOT have to file for renewal. Please check off the appropriate category below if your application was originally approved under expedited or full board review.

EXPEDITED FULL BOARD

INVESTIGATOR(S)/RESEARCHER(S): _____

DEPARTMENT: _____

PROJECT TITLE: _____

The above human subjects protocol is due for renewal. Please answer the following questions listed and return this form to the IRB Coordinator - Mr. Michael L. Gillespie in the Office of Academic Research (Administration Building). You may contact the IRB Coordinator by email at mgillesp@csusb.edu.

Do you want to renew the above named protocol?

YES NO

If you want to renew your protocol, please address the following questions listed below. If the answers to any one of the below questions is "YES" please elaborate the specific details on the back of this form or on a separate piece of paper and attach to this form.

Are there any changes in the original approved protocol/methodology that relate to the research conducted and/or human subjects utilized in your research?

YES NO

Have there been any adverse events or unanticipated problem (s) that relate to the research conducted and/or human subjects utilized in your research?

YES NO

Investigator(s) Assurance:

The information and answers to the questions above is true and accurate to the best of my knowledge and I understand that prior IRB approval is required before initiating any changes that may affect the human subject participant(s) in the originally approved research protocol. I also understand that in accordance with federal regulations I am to report to the IRB or administrative designee any adverse events that may arise during the course of this research.

Signature of Investigator(s)/Researcher(s) _____ /_____/_____
Date

Signature of Faculty Advisor for Student Researchers _____ /_____/_____
Date

Approving Signature of IRB Chair _____ /_____/_____
Date

Approval of renewed protocol/methodology is granted from ____/____/____ to ____/____/____