

Application Information

Title of Project: _____

Original Application Date: _____ Date Research Started: _____

Expected Date of Completion: _____

Investigator Information

Name(s) of Investigator(s):

Project Status

A. If the project is continuing, have there been any unexpected _____ Yes _____ No
difficulties (e.g., complaints from participants, ethical concerns)?

If "Yes," explain the nature of the problem and your response to each difficulty.

B. Have there been any changes to the research protocol?

___Yes ___No

If "Yes," explain the changes.

Signature: _____ Date: _____

This form must be received within one month of the "anniversary" of your original REB approval. If this form is not received within that time frame, REB approval of your project is automatically revoked, and you must submit a new application for approval. This form must be submitted every twelve months to maintain REB approval.