
Ethics Study Renewal Form

SUBMISSION

Please send this form to REB Office Personnel at REB@nbcc.ca. Questions about ethics review requirements and applications should also be sent to REB@nbcc.ca.

PURPOSE

If you have not completed your research activities prior to the expiration date of your REB approval, you must apply for an extension by submitting this form. Please see [Research Ethics Application Procedure \(3303.4838\)](#), 3.4.

Note: if you are requesting any changes besides the end date, please submit the [Ethics Change Request Form \(3303.4725\)](#) as well.

GENERAL INFORMATION

1. Protocol # (from original approval letter)	
2. Project Title	
3. Principal Investigator	
4. Original Approval Date	

REASON FOR REQUEST

5. Please select the reason for this request:

- a) Continuing multi-year project, on track with the end date entered on the original application form
b) Project is continuing beyond the expected end date entered on the original application form

6. If **b)**, please explain why the project is continuing.

CONCERNS, RISKS, WITHDRAWALS

7. Are you aware of any unanticipated risks, costs, or other adverse effects study participants have experienced during the past year due to their participation?

- Yes
 No

8. If **yes**, please detail all adverse effects and unanticipated issues:

9. Have any participants withdrawn from the study in the past year?

Yes

No

10. If **yes**, please describe the circumstances surrounding the withdrawal(s).

11. Have any other ethical concerns arisen during the past year in the context of the study (e.g., conflicts of interest, breaches of confidentiality, or data security)?

Yes

No

12. If **yes**, please describe all ethical concerns in detail:

SIGNATURE

I affirm that this renewal application accurately describes the research activities and impacts over the past year related to the Protocol number cited above. As applicant, I will ensure that activities involving human participants only continue with active and current NBCC Research Ethics Board approval.

Principal Investigator Signature:

Date: