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| **ANNUAL RENEWAL APPLICATION FOR THE JOINT GROUP HEALTH CENTRE (GHC) /** **SAULT AREA HOSPITAL (SAH) RESEARCH ETHICS BOARD** |

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| *For REB Office Use Only:* |
| Date Submitted to REB Office: | Date Received by REB Office: |

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| --- | --- |
| Full Study Title: |  |
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|  |  |  |  |  |
| Principal Investigator:  |  |  | Expiry Date of REB Approval: |  |
| REB Project Number: |  |  |  |  |

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| **1.** | **Study Status** | **Yes** | **No** |  | **FOR STUDIES INVOLVING CHART REVIEWS** |
|  | Enrollment Closed/Completed |[ ] [ ]   | **Study Status** | **Yes** | **No** |
|  | All Assessments/Intervention Completed |[ ] [ ]   | Review of all charts completed |[ ] [ ]
|  | Follow-Up Completed |[ ] [ ]   | Number of charts reviewed |  |
|  | Data Verification/Data Analyses Completed |[ ] [ ]   |  |
|  |  |  |  |  |  |
| **2.** | **Number of local participants** (since study initiation) |  | **If known, explain the reason for any withdrawals:** |
|  | Enrolled in Study (note: **A = B + C + D + E + F)** | A |  |  |  |
|  | In Active Intervention Phase of Study | B |  |  |  |
|  | In Follow-Up Phase of Study | C |  |  |  |
|  | Completed Study | D |  |  |  |
|  | Withdrew From Study | E |  |  |  |
|  | Deceased, Lost to Follow-Up, Transferred | F |  |  |  |
|  |  |  |  |  |  |
| **Comments:** |  |

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| **3.** | **Reports/Updates of Research Study** | **Yes** | **No** | **N/A** |
| a. | Has an interim data analysis been performed that has not been previously submitted to the REB? **→** *If Yes, append a summary.* |[ ] [ ] [ ]
| b. | Have articles been published or presentations been given using study results that have not been previously submitted to the REB? **→** *If Yes, append a copy of the abstract(s) or a list of references.* |[x] [ ] [ ]
| c. | Have all serious adverse events been reported that have not been previously submitted to the REB? **→** *If No, append a copy.* |[ ] [ ] [ ]
| d. | Has new literature changed your assessment of risk/benefits for participants since the last approval? **→** *If Yes, have participants been informed?* | [ ]  | [ ]  |[ ]
| e. | Have there been any changes in research team personnel since the last approval? List all changes below (append a list if more space is required). | [ ]  | [ ]  | [ ]  |
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| f. | Is there new evidence from other studies that impact your study that have not been previously submitted to the REB? **→** *If Yes, append a summary.* |[ ] [ ] [ ]
| g. | Have there been any changes to the local study protocol and/or consent form(s) that have not been previously submitted to the REB? **→** *If Yes, append an Amendment form & copy of the revised protocol/consent(s).* |[ ] [ ] [ ]
| h. | Are study results available that have not been previously submitted to the REB? **→** *If Yes, append a brief summary of the study results to date.* |[ ] [ ] [ ]

**The REB will not issue approval letters without the original signature of the PI or Designate**

|  |  |
| --- | --- |
| Principal Investigator or Designate’s Signature:  |  |
| *(sign final hard copy after printing)* |  |
|  |  |
| Print Name: |  |
|  |  |
| Date: (month, day, year) |  |

Please complete, sign, and submit this form to the Research Ethics Office. If you require assistance, please contact the REB Office at reb@sah.on.ca.