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| **C:\Users\TLindsay\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.MSO\16483DF4.jpg** | | | **INSTITUTIONAL REVIEW BOARD**  **940-898-3378 (Denton & Dallas)**  **713-794-2480 (Houston)**  **https://twu.edu/institutional-review-board-irb/** | | | **EXTENSION REQUEST** | |
| **Email the completed form to** [irb@twu.edu](mailto:irb@twu.edu) **To facilitate the processing of the request, please include the PI name, campus, and protocol number in the subject line.** | | | | | | | |
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| **1. Protocol #** | |  | | | **2. Campus** | |  |
|  | | | | | | | |
| **3. Principal Investigator** | | | | **Last Name, First Name** | | | |
| **4. Title of Study** | | | |  | | | |
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| **PROGRESS REPORT** | | | | | | | |
| **5. Status of project:**  **a. What is the targeted estimated number of participants from original application:**  **Total number of participants enrolled in the study to date:**  **b. Are subjects still being recruited and enrolled?**  **Yes**  **No**  **c. Are data still being collected?**  **Yes**  **No**  **d. Are data still being analyzed?**  **Yes**  **No**  **e. Estimated completion date of study:**  **Provide any additional information regarding the status of the study. Specifically, if no subjects have been recruited or the study not yet started, please explain. Also, if the estimated completion date has changed from the original timeline, please provide an explanation for this change.** | | | | | | | |
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| **6. Describe any relevant participant experiences (benefits, adverse events, complaints, withdrawal from study):** | | | | | | | |
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| **7. Describe any research results obtained so far:** | | | | | | | |
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| **RESEARCH TEAM CHANGES**  **Note that any changes to the protocol other than adding or removing members of the research team must be submitted using the modification request form.** | | | | | | | |
| **8. Are you adding a research team member?**  Yes  No  If yes, provide the name, email address, role on project of each individual to be added and attach a current training certificate: | | | | | | | |
|  |  | | | | | | |
| **Are you removing a research team member?**  Yes  No  If yes, provide the name of each individual to be removed: | | | | | | | |
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| **ATTACHMENTS**  **If the study utilizes a signed consent form and subjects are still being enrolled, the consent form must be updated to comply with new Common Rule requirements as found in the blue highlighted sections of the** [*Guide to Writing a Consent Form*](https://www.twu.edu/media/documents/orsp/irb-guide-to-writing-a-consent-form.docx)**. Please attach this updated consent form and any training certificates for new research team members.** | | | | | | | |
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| **OTHER INFORMATION** | | | | | | | |
| **Provide any additional information here.** | | | | | | | |
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| **ASSURANCES: By emailing this request I certify that the information provided on this form is accurate and that the current expiration date on the project remains in effect until the written extension approval is received from the IRB.** | | | | | | | |

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| **For office use only:** |
| **Date Received:**  **Original Date of Approval:**  **Expiration Date:**  **Other notes:** |