**REQUEST FOR RENEWAL OF ETHICS APPROVAL**

**Who should complete this form:** Graduate or Undergraduate student researchers conducting course based research (including MRPS) requesting renewal of an approved ethics protocol

**Instructions: Please complete this form and submit it to the relevant Delegated Ethics Review Committee (i.e. the committee which provided approval of the original protocol)**

**Principal Investigator:**

**Project Title:**

**Certificate #:**

1. **Have there been any changes to the research methodology and/or rationale? (If applicable - Please include any changes required to move to remote options)**

[ ] Yes

[ ] No

**If yes, please describe:**

**Are the changes substantive? Please provide a rationale as to why or why not:**

***NOTE:***

* 1. *If the changes ARE substantive, please note that a full committee review is required. Please re-submit a revised protocol to the* **relevant Delegated Ethics Review Committee for graduate and/or undergraduate student research** *at your earliest convenience.*
	2. *If there are changes in your Informed Consent Form, please append the revised copy.* ***Please ensure your revisions are made in tracked changes for comparison purposes to the original submission.***
1. **Are there any changes to the risks to /benefits for the participants? (If applicable - Please include any changes required to move to remote options)**

[ ] Yes

[ ] No

**If yes, please describe:**

**Are the changes substantive? Please provide a rationale as to why or why not:**

***NOTE:***

* 1. *If the changes ARE substantive, please note that a full committee review is required. Please re-submit a revised protocol to the* **relevant Delegated Ethics Review Committee for graduate and/or undergraduate student research** *at your earliest convenience.*
	2. *If there are changes in your Informed Consent Form, please append the revised copy.* ***Please ensure your revisions are made in tracked changes for comparison purposes to the original submission.***
1. **Are there any changes to the recruitment procedures and/or participant pool? (If applicable - Please include any changes required to move to remote options)**

[ ] Yes

[ ] No

**If yes, please describe:**

**Are the changes substantive? Please provide a rationale as to why or why not:**

***NOTE:***

* 1. *If the changes ARE substantive, please note that a full committee review is required. Please re-submit a revised protocol to the* **relevant Delegated Ethics Review Committee for graduate and/or undergraduate student research** *at your earliest convenience.*
	2. *If there are changes in your Informed Consent Form, please append the revised copy.* ***Please ensure your revisions are made in tracked changes for comparison purposes to the original submission.***
1. **Are there changes to any other aspect of the research protocol? (If applicable - Please include any changes required to move to remote options)**

[ ] Yes

[ ] No

**If yes, please describe:**

***NOTE:*** *If there are changes in your Informed Consent Form, please append the revised copy.* ***Please ensure your revisions are made in tracked changes for comparison purposes to the original submission.***

**----------------------------------------------------------------------------------------------------------**

**PI Signature**

**---------------------------------------------------------------------------------------------------------**

**Date**

**COMMITTEE REVIEW (To be completed by Chair, Delegated Ethics Review Committee)**

**Comments:**

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**Recommendation**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reviewed by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Title Signature**

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 **Date**