**IRB Approval Renewal Form**

1. **Protocol Information** (To be filled by the IRB)

|  |  |
| --- | --- |
| Protocol number | Click here to enter text. |
| Project Title | Click here to enter text. |
| Principal Investigator | Click here to enter text. |
| Country Research Lead (if different from the PI) | Click here to enter text. |
| Applicant Institution | JPGSPH  BIGD  BIED  Other |
| If other, please specify | Click or tap here to enter text. |
| Sponsoring Centre of Excellence/Hub (Only for BRAC JPGSPH study) | CGSRHR  SISU  CNCDN  HSUHC  UEH  Humanitarian Research Hub |
| Corresponding Person for the IRB (If not the same as the PI or the Country Lead) | Click here to enter text. |
| E-mail of the corresponding person | Click here to enter text. |
| Phone number of the corresponding person | Click here to enter text. |

1. **Previous approval information (To be filled by the IRB)**

|  |  |  |  |
| --- | --- | --- | --- |
| Expiry date of current approval | Click or tap to enter a date. | | |
| Details of previous extension(s) (Not applicable if only received original approval) | No. of extension | From date | To date |
| 1st | Click here to enter a date. | Click here to enter a date. |
| 2nd | Click here to enter a date. | Click here to enter a date. |
| 3rd | Click here to enter a date. | Click here to enter a date. |
| 4th | Click here to enter a date. | Click here to enter a date. |

1. **Do you want to extend the current approval?**

☐ Yes (Fill up Sections D and F below and skip Section E)

☐ No (Fill up Sections E and F and skip Section D)

1. **Reason(s) for seeking the present extension**

(Planned activities yet to be completed, didn’t start project on the planned date, changes in project duration etc.)

|  |
| --- |
| Click here to enter text. |

1. **Protocol closing related information**

|  |  |
| --- | --- |
| Have all the research activities approved under the IRB protocol carried out as proposed? | Click here to enter text. |

**Any adverse incident(s) in cases where the study involves human subjects:**

|  |  |
| --- | --- |
| ☐ Yes  ☐ No | If “Yes”, please fill-up the Human Subjects Incident Report Form |

|  |  |
| --- | --- |
| Signature of Principal Investigator | Date: Click here to enter a date. |
| Signature of the Country Lead (if different from the PI) | Date: Click here to enter a date. |
| Approved by,    Signature of the Centre Director/Lead of Humanitarian Research Hub (for JPGSPH)/Head of the institution (for BIGD and BIED) | Date: Click here to enter a date. |