![North Bay Regional Health Centre / Centre régional de santé de North Bay](logo)

For use only by Researchers
Annual Renewal of an Approved Protocol

Research Ethics Board (REB) approvals are only valid for one year from the original approval date. Researchers are responsible for ensuring REB files are kept up to date and that certification is current throughout the study. The Research Ethics Office will require the submission of this report in order to prevent a lapse of ethics approval for ongoing research.

Please complete and submit this form, including signatures to:

Karen Hewitt
Research Ethics Board Administrator
North Bay Regional Health Centre
50 College Drive, North Bay, ON P1B 5A4
Tel: 705-474-8600 ext. 2508
(REBOffice@nbrhc.on.ca)

SECTION A: GENERAL INFORMATION

Principal Investigator	Protocol File Number
Protocol Title	
Address	
Telephone Number	Email Address

Section B: STATUS OF PROJECT

☐   This is an annual renewal for ongoing research. There are no changes in the protocol last approved.

☐   I am requesting to have changes to the protocol approved.
Please attach a completed Request for Ethics Approval of Amendment to an Approved Protocol.

☐   There have been changes in the research team who interact with participants and/or have access to personal data. Please list former/new personnel and position:

Provide a brief summary of the progress of the study in the last year, include the number of subjects since the initial or most recent certificate of ethics approval, and if any ethical concerns have arisen.

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I certify that the information provided in this Annual Renewal of an Approved Protocol is complete and accurate. I have complied with the Tri-Council Policy Statement and North Bay Regional Health Centre's policies and procedures governing the protection of human participants in research.

Signature of Principal Investigator: _____

Print Name: _____

Date: _____

For Administrative Use Only:

☐ The continuing review for this project has been reviewed and approved.

☐ Expedited Review ☐ Full Board Review

Signature of Research Ethics Board Chair or Designate:

_____ Date: _____

Print Name:_____

Approval period from:_____ to: _____