



Center for Research

Room 2404 Administration Building

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APPLICATION FOR RENEWAL
OF INSTITUTIONAL REVIEW BOARD APPROVAL
ELECTRONIC SUBMISSION REQUIRED

Investigator Name Date of initial approval

Title of Research Project as Approved:

Home phone Mobile phone E-mail address

1. My research project is Completed Not Complete/ Continuing Not Complete/Not Continuing

2. Number of subjects completed Number of subjects yet to be recruited N/A

IF CONTINUING THE PROJECT, PLEASE RESPOND TO THE FOLLOWING:

3. Summarize progress to date:

4. Identify any changes in the procedure, instruments, subject selection, consent process, site of data collection (agency)

5. INVESTIGATOR'S CERTIFICATION
Check one and supply the appropriate information:

I (We) hereby certify that the research will be conducted in accordance with the currently approved procedures.
Changes have been made to the procedures. Attached are 1) a memo describing the changes, and 2) a copy of the most recently approved protocol with the changes in bold-faced type.

Signatures

Signature of Principal Investigator (or Advisor) Date

Printed name of Principal Investigator (or Advisor)

Signature of Student Investigator Date

Printed name of Student Investigator

Approval of the Institutional Review Board (IRB)

IRB Chair Date

****Attach a copy of the current consent form(s)