**IRB Approval Renewal Form**

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

| Protocol number |  |
| --- | --- |
| Title |  |
| Principal Investigator |  |
| Country Research Lead (if different from the PI) | Click here to enter text. |
| Institution | ☐ JPGSPH☐ BIGD☐ BIED☐ Other Click here to enter text. |
| Centre of Excellence (Only for BRAC JPGSPH study) |  |
| Corresponding Person for the IRB (If not the same as the PI or the Country Lead) ) |  |
| E-mail of the corresponding person |  |
| Phone number of the corresponding person |  |

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

| Expiry date of current approval |  |
| --- | --- |
| 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 the 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. |
| --- | --- |

1. **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 the Country Lead  | Date: Click here to enter a date. |
| Approved by,Signature of the Center (for JPGSPH) Director/Head of the institution (for BIGD and BIED) | Date: Click here to enter a date. |