CONCORDIA UNIVERSITY IRVINE

APPENDIX L: ANNUAL REVIEW

Date

REVIEW CATEGORY: If your application was originally submitted and approved under the *Exempt Review category*, you DO NOT have to file for renewal. Please check off the appropriate category below if your application was originally approved under Expedited or Full Board review.

☐ Expedited ☐ Full Board

Researcher's Name	
Co-Researcher/s' Name/s	
Researcher/s' CUI Emails (unless not from CUI)	
Researcher/s' Phone Numbers	
Department	
Title of the Project & IRB #	
Date of Original IRB Approval	

The above human participants protocol is due for renewal. Please answer the following questions listed and email this form to irb@cui.edu.

Do you want to renew the above named protocol?

☐ Yes ☐ No

If you want to renew your protocol, please address the following questions listed below. If the answers to any one of the below questions is "YES" please elaborate the specific details on the back of this form or on a separate piece of paper and attach to this form.

Are there any changes in the original approved protocol/methodology that relate to the research conducted and/or human subjects utilized in your research?

☐ Yes ☐ No

Have there been any adverse events or unanticipated problem (s) that relate to the research conducted and/or human subjects utilized in your research?

☐ Yes ☐ No

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Researcher/s' Assurance

The information and answers to the questions above is true and accurate to the best of my knowledge and I understand that prior IRB approval is required before initiating any changes that may affect the human subject participant(s) in the originally approved research protocol. I also understand that in accordance with federal regulations I am to report to the IRB or administrative designee any adverse events that may arise during the course of this research.

Printed Name of Researcher _____ Date _____
Researcher's Signature _____

Printed Name of Researcher _____ Date _____
Researcher's Signature _____

Printed Name of Researcher _____ Date _____
Researcher's Signature _____

Printed Name of Researcher _____ Date _____
Researcher's Signature _____

Printed Name of Researcher _____ Date _____
Researcher's Signature _____

Printed Name of University Supervisor or CUI Faculty Sponsor _____
Signature of University Supervisor or CUI Faculty Sponsor _____
Title _____ Date _____

To be completed by the IRB Reviewer

Approval of renewed protocol/methodology is granted from [ ] to [ ]

Printed Name IRB Reviewer _____ Date _____
Signature IRB Reviewer _____