

## REQUEST FOR EXTENSION

Principal Investigator:

Protocol #

Expires:

Department:

Project Title:

- Has this project been completed; i.e., have you finished gathering data and have all individual identifiers been removed from the data? Or, have you archived individually identifiable data that you plan to use for future studies? Yes  No  If **yes**, please sign below and return this form to the Institutional Review Board (IRB).

If **no**, you may request an extension by completing this form and submitting the required materials to the IRB **prior to the expiration date**. To comply with federal regulations governing research involving human subjects, **all requests for extension of active Category III protocols must be reviewed by the full IRB at a regularly convened meeting**. The Board typically meets monthly. To avoid delay in granting your extension request, **return this completed form, a copy of the consent form you are currently using, and an updated Key Personnel Table (Form B-1) as soon as possible**.

**ATTENTION: If you should continue your research without an approved extension, you would be in non-compliance of federal regulations. You would risk having your research halted and the loss of any data collected while IRB approval has lapsed.**

- Indicate the total number of subjects accrued.
- Indicate the number of subjects accrued in the past year.
- Will the research protocol or the consent form be modified in any way? Yes  No   
If **yes**, please attach a description of the modifications. **All changes must be approved by the IRB prior to implementing the changes.**
- Have any subjects complained about the research or reported any injury? Yes  No   
If **yes**, please attach an explanation of the complaint or injury. **Include in the explanation whether or not the complaining subject withdrew from the research.**
- Is there any relevant recent literature that affects your protocol and might cause increased risks to subjects? Yes  No  If **yes**, please attach a summary of the literature.

By signing below, I certify that the information contained in this extension request is correct.

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 Principal Investigator(s)

Date

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 Advisor

Date

Return this signed form, a copy of your consent form, an updated Key Personnel Table, and any necessary attachments to: [siuhsc@siu.edu](mailto:siuhsc@siu.edu)