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| **Behavioural Renewal** | **For Internal Use Only** |
| **UnivRS Internal ID:****Date Received:** Click here to enter a date. |

**Questions marked with an** \* **are mandatory.**

**All responses apply to the current reporting period only.**

**Key Information**

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| UnivRS Internal Project ID# or old Ethics ID # (Beh xx-xxx):\* PI Name: \*      Project Title: \*Current Expiry Date :\*      Project originally approved by: \* [ ]  Delegated Review [ ]  Full Board ReviewIndicate the current status of this project: \*Choose an item.Provide additional details as applicable: Provide a brief summary of the project progress: \*       |

**Participants**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| Target / expected number of participants: \* |  |
| Number of participants recruited to date: \* |  |
| Number of participants who completed all project-related activities: \* |  |
| Number of participants who withdrew consent: \* |  |

 Explain any significant changes from the expected number of participants to be recruited: \*  Explain how data withdrawal was managed, if applicable:  Provide additional details, if applicable:       |

**Post-Approval Reporting**

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| Were there unreported participants' concerns or complaints? \* | [ ]  Yes [ ]  No |
| Has there been a change to data storage or data security arrangements? \* | [ ]  Yes [ ]  No |
| Have there been any changes in relation to the conflict of interest status of the PI and/or other members of the study team? \* | [ ]  Yes [ ]  No |
| Have any ethical concerns related to this project occurred?: | [ ]  Yes [ ]  No |

 Provide additional details, if applicable:       |

**Changes to Project Personnel**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Changes to the PI, students, and/or Funder/Sponsor **must** be submitted using the amendment form.**Sub-Investigator(s)**

|  |  |  |  |  |  |
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| **Add Remove:** | **Name:** | **NSID:**  | **Email:**  | **Phone:**  | **Organization (Department):** |
|  |  |  |  |  |  |

**Primary Contact**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Add Remove:** | **Name:** | **NSID:**  | **Email:**  | **Phone:**  | **Organization (Department):** |
|  |  |  |  |  |  |

**Secondary Contact**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Add Remove:** | **Name:** | **NSID:**  | **Email:**  | **Phone:**  | **Organization (Department):** |
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**Declaration by Principal Investigator:**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **By submitting this renewal form, the Principal Investigator confirms that he/she is responsible for the scientific and ethical conduct of this project and agrees to conduct this project in compliance with the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS2 2014), the Personal Health Information Protection Act (HIPA) and other relevant laws, regulations or guidelines.**

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| Date the form was completed: Click here to enter a date. |
| Name of Person who completed the form |       |

If form submitted on behalf of the PI:

|  |
| --- |
|        is authorized to prepare and submit this form on behalf of the Principal Investigator |
| Authorized person contact information: |
| Email:       | Phone:       |

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**Document(s)**

Please provide a list of documents that are being submitted along with this renewal: