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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 Review  Indicate the current status of this project: \*Choose an item.  Provide additional details as applicable:  Provide a brief summary of the project progress: \* |

**Participants**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | 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**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | 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)**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **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):** | |  |  |  |  |  |  | |

**Declaration by Principal Investigator:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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.**   |  |  | | --- | --- | | 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: | |

**Document(s)**

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