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| **Biomedical Renewal****Secondary Use of Health Data or Biological Materials** | **For Internal Use Only** |
| **UnivRS Internal ID:****Date Received:** Click here to enter a date. |

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

**Responses apply to the current reporting period for the local site.**

**Key Information**

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| UnivRS Internal Project ID# or old Ethics ID # (Bio xx-xxx):\* PI Name: \*      Protocol # (if applicable):      Title: \*     Current Expiry Date: \*      Indicate the nature of the project: Choose an item.Indicate the current status of this project in the drop down menu: \* Choose an item.Provide additional details as applicable: If biological material are used specify type:      Provide a brief summary of the project progress: \*        |

**Data**

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| Target number of records/biological materials required to answer the research question: Specify the number of records accessed: \*Specify the number of biological materials obtained: \*Provide additional details as applicable:       |

**Post-Approval Reporting**

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| 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 |
| Has there been a change to data storage or data security arrangements? \* | [ ]  Yes [ ]  No |
| If you answered ‘Yes’ to either of the above questions, please explain:       |  |

If data/biological materials were not collected, provide an explanation: Outline any aspect(s) of this project which should be brought to the attention of the REB (i.e. breach of confidentiality) or specify Not Applicable (N/A)\*      |

**Change to Project Team and Contacts**

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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):** |
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**Primary Contact**

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

|  |  |  |  |  |  |
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| **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 they are responsible for the scientific and ethical conduct of this project and agrees to conduct this project in compliance with the current version of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans, the 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:

|  |
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|        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)**

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