



**THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA**  
**STUDENT ASSESSMENT & RESEARCH**  
**IRB & Research Review Process**

**Renewal Request**

*No study related activities may continue beyond the expiration date of the IRB & Research Review approval date in the absence of new approval. A Renewal Request must be received one month prior to the expiration date to ensure adequate review time. Research not completed within the timeframe specified on the original Research Request will undergo a re-approval by participating schools and staff. Notification of the decision regarding renewal will be provided to the Principal Investigator (PI).*

Principal Investigator Name: \_\_\_\_\_ IRB#: \_\_\_\_\_

Company/University Name: \_\_\_\_\_

Title of Research Project: \_\_\_\_\_

Faculty Advisor (if PI is a student): \_\_\_\_\_

Most current approval date: \_\_\_\_\_ Most current approval expiration date: \_\_\_\_\_

1. <b>Enrollment:</b> Number of participants enrolled since most current approval expiration date: _____		
2. <b>IRB &amp; Consent(s):</b> Attach IRB approval letter and consent form(s) from your sponsoring institution.		
3. <b>Participant Safety &amp; Welfare</b> (provide explanation of "Yes" responses): Since the last IRB review:		
	Yes	No
a. Have there been any unanticipated problems involving risks to participants?	<input type="checkbox"/>	<input type="checkbox"/>
b. Have any adverse events been reported?	<input type="checkbox"/>	<input type="checkbox"/>
c. Have any participants complained about or withdrawn from the research?	<input type="checkbox"/>	<input type="checkbox"/>
d. In the opinion of the PI, have the risks or potential benefits of the research changed?	<input type="checkbox"/>	<input type="checkbox"/>
e. Have there been any modifications or amendments to the research?	<input type="checkbox"/>	<input type="checkbox"/>
f. I have been charged with, or convicted of, a misdemeanor or felony.	<input type="checkbox"/>	<input type="checkbox"/>
g. I have had a teaching certificate sanctioned, revoked, or suspended.	<input type="checkbox"/>	<input type="checkbox"/>
4. <b>Rationale:</b>		
a. Please state why additional time is needed to complete your study: _____		
_____		
b. Please provide a statement regarding any change to the approved research protocol:		
_____		
_____		

**I certify that the information on this form is accurate to the best of my knowledge.**

\_\_\_\_\_  
 Signature of Principal Investigator

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Faculty Advisor (if PI is a student)

\_\_\_\_\_  
 Date