

## REB FORM 8: RENEWAL OF REB APPLICATION

### Instructions:

If you wish to renew your application with the Seneca Research Ethics Board (REB), please complete this form and submit it directly to: [REB.Chair@senecacollege.ca](mailto:REB.Chair@senecacollege.ca)

There are 3 parts to this form:

- PART A: Researcher(s) Information
- PART B: Changes in Research Protocol
- PART C: REB Consultant Review & Recommendation to REB (to be completed by REB members only)

Complete only parts A and B and submit your application directly to: [REB.Chair@senecacollege.ca](mailto:REB.Chair@senecacollege.ca)

### PART A: Researcher(s) Information

Research Project	
Project title:	
Date of request for renewal:	
Original approval date:	
Previous renewal date(s):	

Researcher(s) Information	
Principal Investigator:	
Co-Investigator:	
Other Researcher(s):	
E-mail address(es):	
Organization affiliated with (if not Seneca or in addition to Seneca):	
Phone:	
Additional contact information:	

### PART B: Changes in Research Protocol

1. Please describe any changes to the approved research methodology and procedures:

**Research Ethics Board**

2. Are there changes to the risks to study participants?

☐ Yes

☐ No

- If 'YES', please describe:

3. Are there any changes to the recruitment procedures and/or participant pool?

☐ Yes

☐ No

- If 'YES', please describe:

4. Are there changes to any other aspect of the research protocol (including start/end dates)?

☐ Yes

☐ No

- If 'YES', please describe:

5. Are ANY of the changes substantive?

☐ Yes

☐ No

- If 'YES', please describe:

**NOTE:** If the changes are substantive, please re-submit a revised REB Application (REB Form 1).

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**Principal Investigator's Signature**

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**Date**

**Research Ethics Board**

**PART C: REB Consultant Review & Recommendation to REB** (to be completed by REB members only)

<b>Comments:</b>	
<b>Recommendation:</b>	

**Reviewed by:**

\_\_\_\_\_  
**REB Reviewer's Name**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**REB Reviewer's Signature**

\_\_\_\_\_  
**Date**