**Southern Illinois University Carbondale Human Subjects Committee**

**REQUEST FOR EXTENSION**

Principal Investigator: Click here File **#**Click here Expires: Click here

Department: Click here

Project Title: Click here

 Has this project been completed; i.e., have you finished gathering data and have all individual identifiers been removed from the data? Or, have you archived individually identifiable data that you plan to use for future studies?

Yes☐ No☐ If **yes**, please sign below and return this form to the Human Subjects Committee (HSC).

If **no**, you may request an extension by completing this form and submitting the required materials to the HSC **prior to the expiration date**. To comply with federal regulations governing research involving human subjects, **all requests for extension of Category III protocols must be reviewed by the full Committee at a regularly convened meeting.** The Committee meets monthly and will review these requests at that meeting. To avoid delay in granting your extension request, please return this completed form **and a copy of the consent form you are currently using as soon as possible.**

**ATTENTION: If you should continue your research without an approved extension, you would be in non-compliance of federal regulations. You would risk having your research halted and the loss of any data collected while HSC approval has lapsed.**

 Indicate the total number of subjects accrued. Click here

 Will the research protocol or the consent form be modified in any way? Yes☐No☐

If **yes**, please attach a description of the modifications. **All changes must be approved by the HSC**

**prior to implementing the changes.**

 Have any subjects complained about the research or reported any injury? Yes☐No☐

If **yes**, please attach an explanation of the complaint or injury. **Include in the explanation whetheror not the complaining subject withdrew from the research.**

 Is there any relevant recent literature that affects your protocol and might cause increased risks to subjects?

Yes☐No☐ If **yes**, please attach a summary of the literature.

By signing below, I certify that the information contained in this extension request is correct.

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Principal Investigator(s) Date

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Advisor Date

Return this signed form, a copy of your consent form, and any necessary attachments to: HSC @OSPA, MC 4709

*(office use only)*

The extension request was reviewed by the SIUC Human Subjects Committee.

Action: \_\_\_\_\_\_ Approved through \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ New protocol is needed. See attached explanation.

Chairperson, SIUC Human Subjects Committee