**SONOMA STATE UNIVERSITY**

**INSTITUTIONAL REVIEW BOARD FOR THE RIGHTS OF HUMAN SUBJECTS**

**HUMAN SUBJECT PROTOCOL RENEWAL/MODIFICATION FORM**

This application is for the renewal/modification of protocols previously approved by Sonoma State University’s (SSU) IRB. Complete all applicable form fields and check boxes. Attach additional pages for explanation field as needed.Please submit **at least 30 days prior to protocol expiration.**

**Signed electronic Renewal/Modification Forms must be submitted from your SSU email to** [**irb@sonoma.edu**](mailto:irb@sonoma.edu)**. Sonoma State University, Institutional Review Board, is located at 1040 Salazar, 1801 East Cotati Ave., Rohnert Park, CA 94928.**

**Due to unprecedented circumstances surrounding the emergence of COVID-19 pandemic signatures for the Renewal/Modification form are accepted as follows:**

Picture of the signature page of the document (student applications require their faculty advisor's signature).

Type your name in the signature block and include a note in your email submitting the document that the typed name serves as your signature email consent. For applicants/**PI *it is required that you send all documents from your SSU email.*** Participants (human subjects) can utilize any private email.

Fax consent (student applicant can send it to their faculty advisor by fax) final will be a picture sent by email to SSU’s Compliance Officer.

For participants – Oral Consent (if the proper informed consent is prepared following oral consent federal guidelines)

**If you have any questions, contact the Office of Research and Sponsored Programs at**

**707 664-2066 or email** [**irb@sonoma.edu**](mailto:irb@sonoma.edu)**.**

**INVESTIGATOR NAME AND CONTACT**

**Investigator name:** Click or tap here to enter text. **Title:** Click or tap here to enter text.

**School:** Click or tap here to enter text. **Department:** Click or tap here to enter text.

**Phone:** Click or tap here to enter text. **Email:** Click or tap here to enter text.

**BRIEF DESCRIPTION OF PREVIOUSLY APPROVED PROTOCOL**

(*The information required for this section can be found on the approval document for the protocol. Please contact ORSP if you need assistance locating this information.)*

**Title of Project:**  Click or tap here to enter text.

**IRB protocol number:** Click or tap here to enter text.

**Date of original approval:** Click or tap here to enter text.

**PROJECT STATUS**

Brief summary of project progress during the past year: Click or tap here to enter text.

Do you plan to make any changes to the approved protocol? **Yes  No**

If “yes,” please explain the proposed changes and attach revised instruments, consent forms, etc. as applicable: Click or tap here to enter text.

Have there been any adverse events or unanticipated problem (s) that relate to the research conducted and/or human subjects utilized in your research? **Yes  No**

If “yes,” please explain: Click or tap here to enter text.

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Signature of Investigator Date:

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Signature of Faculty Advisor for Student Researchers Date:

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Approving Signature of IRB Chair Date:

Approval of renewed protocol/methodology is granted from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_