**EXTERNAL RESEARCH RECRUITMENT ANNUAL RENEWAL FORM**

The intent of this form is to update Lakeridge Health research department on the progress of the study. It is the responsibility of the PI to submit this form to the Research Coordinator a month prior to the REB expiry date for Institutional review and approval before the study can commence at LH. If the study is closed, this is the wrong form – submit the *External* *Recruitment* *Closure Form.*

|  |  |  |  |
| --- | --- | --- | --- |
| **REB No.:** |  | Submission Date *(dd-mmm-yyyy)*: |  |
| **Study Title:**  |  |
| **External PI:**  |  | **Email:** |  |
| **LH Contact Person:**  |  | **Email:** |  |

|  |  |
| --- | --- |
| **LH Institutional Approval Date** *(dd-mmm-yyyy)*:  |  |
| **Study Start Date** *(dd-mmm-yyyy)*:  |  |
| **Study End Date** *(dd-mmm-yyyy)*:  |  |
| **LH Institutional Expiry Date** *(dd-mmm-yyyy)*: |  |

Are there changes to the recruitment documents at LH?

[ ]  Yes [ ]  No

If yes, please submit the *External Recruitment Amendment Form* and attach tracked copies of the documents.

**Principal Investigator Declaration:**

I confirm that during the course of the study, I have reviewed and reported any adverse events and/or any revisions to the study protocol, consent form, and impacts to departments to the Research Ethics Board in a timely fashion. At this time, I am not aware of any new information that may affect the continuation of the study or require changes to the protocol. I will continue to report any future amendments, adverse events, protocol deviations, and privacy breaches.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Print Name | Signature of Principal Investigator | Date*(dd-mmm-yyyy)* |