

**MOUNT WACHUSETT COMMUNITY COLLEGE**  
**REQUEST FOR RENEWAL FOR RESEARCH INVOLVING**  
**THE USE OF HUMAN SUBJECTS**

Name of contact person \_\_\_\_\_ Dept. / Program: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Faculty research advisor: \_\_\_\_\_ Advisor's phone: \_\_\_\_\_  
(for student research)

Project title: \_\_\_\_\_  
\_\_\_\_\_

Project dates: from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of subjects who completed the study \_\_\_\_\_

Number of subjects who are currently involved in the study \_\_\_\_\_

Number of subjects to be enrolled in the study in the next 12 months \_\_\_\_\_

Number of subjects who voluntarily withdrew from the study \_\_\_\_\_

Number of subjects experiencing adverse reactions, complications, or injuries resulting from participation in the study \_\_\_\_\_

Attach a one page description of the known reasons for voluntary withdrawal of subjects from the study and the adverse reactions, complications, or injuries resulting from the study. Include a brief summary of progress on the project and preliminary results.

\_\_\_\_\_  
Primary researcher's printed name

\_\_\_\_\_  
Department/Program

\_\_\_\_\_  
Primary researcher's signature

\_\_\_\_\_  
Date

For Student Research:

\_\_\_\_\_  
Faculty research advisor's printed name

\_\_\_\_\_  
Department/Program

\_\_\_\_\_  
Faculty research advisor's signature

\_\_\_\_\_  
Date

Committee use only: Date of first IRB approval: \_\_\_\_\_ IRB project number: \_\_\_\_\_

Date received by IRB: \_\_\_\_\_ Date approved by IRB: \_\_\_\_\_