



RENEWAL APPLICATION

General Information: Use this form when submitting a renewal.

PROJECT INFORMATION

Protocol Number:

Protocol Title:

INVESTIGATOR INFORMATION

Name: MD PhD Student Other: _____

Position Title: _____ **Department:** _____

Mailing Address:

City: _____ **State:** _____ **Zip code:** _____

Phone: () - **Fax:** () - **Pager:** () -

Email:

Co-Investigators:

STUDY COORDINATOR

Name: _____ **Title:** _____

Mailing Address:

City: _____ **State:** _____ **Zip code:** _____

Phone: () - **Fax:** () - **Pager:** () - **x**

Email:

RENEWAL INFORMATION

Is recruitment active? Yes No
--If no, why should study stay active?

Have changes been made since last approval. Yes No
--If yes, please submit the approval letter and approved changes.

Total Number of HCHD patients enrolled since last approval?

General Summary

Total Number of HCHD patients enrolled?
A summary of any interim findings, amendments, and/or publications since last approval

Any adverse events reported? Yes No
--If yes, please describe.