

GOVERNMENT OF THE DISTRICT OF COLUMBIA Department of Health

Form 3

REQUEST to RENEW an APPROVED PROTOCOL DOH-Institutional Review Board for Public Health (IRBPH)

Principal Investigator(s):		
Protocol IRB #	Title:	
Original approval date:	Type of approval: Full Board	Expedite Exempt
	E REQUIRED FOR APPROVAL renewal is limited to data analysis, pl	ease answer questions 1 and 5 only.)
Year(s) of data included in the	ed on human subjects, number of reco	_
psychological interventions, policy requires that investig willingness to participate in carried out by others.) 7) A description of any adverse solutions, any withdrawal o	ate, including findings. an minimal risk or research that p , a summary of recent literature re ators inform subjects of important ne the research. This information may be events or unanticipated problems in of subjects from the research, or con orting of suspected child abuse to DOI ATION	provides and evaluates behavioral or lated to the research topic. (Federal ew information that might affect their be findings of this research or of that volving risks to subjects and proposed applaints about the research. Adverse H authorities.
[] I (We) hereby certify that to protocol, including approved		cordance with the currently approved
Signature of Principal Invest	igator	Date
	o the protocol. Attached are 1) a maproved protocol with the changes in b	emo describing the changes, and 2) a bold-faced type.
Signature of Principal Investigator		Date
Approved by: IRB Chair or Expedited Review Name:	ewer or Human Protections AdministSignature:	crator (circle one) Date:
D 0	ern Johnson-Clarke, PhD, IRB Chair, OH, Center for Policy, Planning & E 99 N. Capitol St. N.E., Suite 248, Vashington, D.C. 20002 (Telephon	valuation, e: 202-442-9032, Fax: 202-442-4833)