UT Health Science Center San Antonio

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| **Request for re-activation** |

**Study Title:**

**1. Date:**

**2. Name and Address of Principal Investigator (PI):**

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| PI Name *(Last Name, First Name, MI):* | |  |
| Employer(s): *Example: UTHSCSA, VA)* | |  |
| Department: |  | |

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| **3**. Does the research activity in this study only involve:   * minimal risk interactions with the subjects or * interventions that would be performed as part of routine practice or * data collection from record review? | | | |
|  | **No.** You cannot reactivate this protocol | | |
|  | **Yes.** Has any research activity occurred after the inactivation date*?* | | |
|  | Yes. You cannot reactivate this protocol |
|  | No. Continue |

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| **4**. Provide a summary of the **circumstances for your request** including a **description of all research activities** planned |
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| **5**. Have there been **any changes** since the inactivation of this study? | |
|  | **No.** |
|  | **Yes.** Provide a summary of **any changes** that have occurred since the inactivation of this study. |
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| **6**. Items required for this request? *Check if attached* | |
| X | Form A-1, Multipurpose Signature Assurance Sheet - **Required** |
|  | Other: (describe) |

The IRB will review the documents and decide on a case by case basis whether the study can be re-initiated. The request is reviewed using the [Continuation Review Policy and Procedure process.](https://www.uthscsa.edu/sites/default/files/Services/forms/irb_continuation_review_policy.pdf)