

ANNUAL RENEWAL

COMMITTEE ON THE PROTECTION OF HUMAN SUBJECTS
CALIFORNIA STATE UNIVERSITY, FRESNO

TITLE OF STUDY:

PRINCIPAL INVESTIGATOR:

Name Department Mail Stop

Telephone Number Dept. Telephone Number

FUNDED Yes No Source

DATE OF CPHS APPROVAL

DATE STUDY INITIATED

Ongoing: Yes No Closed: Yes No Date Closed

If ongoing, have there been any alterations to the original protocol? Yes No

If altered, have the changes been submitted to the CPHS for review and approval? Yes No

If no, please submit two (2) copies of the altered protocol to the CPHS, Thomas Administration Building, Room 130, M/S TA 52 at your earliest convenience.

Have there been any unexpected risks to subjects, injury to subjects, or litigation stemming from the conduct of this study? Yes No **If yes, please explain.**

Please note: Continuation of CPHS approval for conduct of this study will expire unless this completed form is received not later than 2 weeks prior to end date of study.