



FAMILY PLANNING VICTORIA

FAMILY PLANNING VICTORIA HUMAN RESEARCH ETHICS COMMITTEE

REQUEST FOR EXTENSION OF TIME

(Please include report cover sheet with this request)

Date:		FPV HREC Project No:	
New completion date requested:			
1. Why is an extension of time needed?			
2. Will the project need to be amended as a result of the additional time required to complete the project?	<input type="checkbox"/> Yes (attach Approval of Amendments form)	<input type="checkbox"/> No	
3. Will all documents (Participant Information & Consent forms, etc.) be updated to include any changes resulting from the new completion date (eg. phone numbers, dates, names of researchers, etc)?	<input type="checkbox"/> Yes <i>*please attach new versions, one with changes tracked & one clean version</i>	<input type="checkbox"/> Not needed	
4. Will there be new personnel involved in the recruitment of participants at FPV? <i>If so, they must be instructed in the approved informed consent procedures.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5. If the study has commercial sponsorship, will the insurance certificate be current and what is the amount of coverage?	<input type="checkbox"/> Yes \$.....	<input type="checkbox"/> No	

DECLARATION I confirm that this project will continue to be conducted as approved by FPV HREC (as per approved application and any subsequent approved changes) and in accordance with the <i>National Statement on Ethical Conduct in Research Involving Humans</i> , and any other relevant State or Commonwealth legislation/regulations.	
Signature of Principal Researcher	Date:
Signature of Associate/Student Researcher	Date: