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| --- | --- |
| Study Title: |  |
| IRB Reference No: |  |
| Principal Investigator: |  |
| IRB Approval date: |  |
| IRB Expiry date: |  |
| Review level |  |
| Budget approval date: |  |

*Instructions: Submit this application when you would like to request an extension of your research study for the purpose of reimbursement (i.e. all human subject research activities are completed but need to reimburse approved budget).*

**Please indicated what best reflects your research from the options below: [click the applicable checkbox]**

Remaining study activity is limited to analysis of private identifiable information (data/specimens) only.

1. **Please indicate the categories that are approved by Research Budget SubComittee (previously Research Budget Working Group or Research Budget Committee) and you wish to reimburse:**

|  |  |  |  |
| --- | --- | --- | --- |
| Approved budget category | Approved amount | Amount to be reimbursed | Who will reimburse the mount |
| Choose an item. |  |  |  |
| Choose an item. |  |  |  |
| Choose an item. |  |  |  |
| Choose an item. |  |  |  |
| Choose an item. |  |  |  |
| Choose an item. |  |  |  |
| Choose an item. |  |  |  |

1. **Has any data from this study been disseminated y the investigator in a peer-reviewed forum (e.g. conference, abstract, publication. Etc.)?**

Yes  No

* 1. If yes, please provide an appropriate citation for published manuscript:

Click or tap here to input text

1. **Provide a summary of the interim study results and preliminary findings:**

Click or tap here to input text