

STUDY RENEWAL FORM

**NOTE FOR RESEARCHERS**

In accordance with the Life Healthcare Health Research Ethics Committee (HREC) TORs and SOPs which are accessible via <https://www.lifehealthcare.co.za/careers/education-and-training/research-and-human-research-ethics-committee/>

This form is for researchers to apply for a renewal of ethics approval for studies currently approved by the Life Healthcare HREC.

This application for extension of the study must be submitted with a HREC Study Progress Form

Please note the following important conditions:

- Any extension applications received after the expiry date of the current ethics approval period will require submission of a **new application**
- An extension **cannot** be granted on a lapsed ethics approval.
- Renewal of ethics approval is permitted for a maximum of **three times** from the date of the original ethics approval. Ethics approval is only valid for **1 year**.

**1. GENERAL STUDY APPLICATION**

1.1. Researcher Details	
1.2. Mobile Number	
1.3. Email	
1.4. Study Title	
1.5. HREC Ref Number	
1.6. Date of Life Healthcare Original Approval	
1.7. Expiry Date of Current HREC Ethics Approval (including approval of amendments)	
<b>1.8. For Postgraduate Research:</b> Expiry Date of University Ethics Approval <b>For Clinical Studies:</b> Date of Expiry from Pharma Ethics, SAHPRA or related REC for clinical study	
1.9. List of approved Life Healthcare Facilities	

**2. CURRENT STUDY STATUS**

Recruitment and enrollment commenced and is currently ongoing		Data Analysis and report writing ongoing	
Recruitment and Enrollment completed		Study Completed	
Date of Completion:		Date of Completion:	
Data collection commenced and is currently ongoing		Study discontinued	
		Date of discontinuation:	
Data collection completed			
Date of Completion:			

**3. EXTENSION OF STUDY REQUEST**

3.1. is the extension of study approval for data collection	Yes	
	No	
3.2. Provide a motivation for the extension of study approval.		

**4. REQUIRED DOCUMENTATION FOR STUDY RENEWAL**

Life Healthcare HREC Ethics Approval	
Ethics approval from university or Pharma Ethics, SAHPRA etc. for clinical study	
Life Healthcare HREC Study Progress Form	
Life Healthcare HREC Amendment approval (if applicable)	
Previous Extension of study approval (if applicable)	

**5. DECLARATION BY RESEARCHER**

I the undersigned researcher confirm that:

- The information provided in this Study Progress Form and all accompanying documents is accurate and complete
- I will report any further changes, adverse events, or unanticipated problems to the Life Healthcare Health Research Ethics Committee as per the TOR and SOP

Signature of Researcher: \_\_\_\_\_ Date: \_\_\_\_\_