

# PSID Extension Form

Contract #:

IRB Expiration Date:

(Retrieve these #s from e-mail message)

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***Submission of this information is a mandatory requirement of your contract.***

Please complete this form and submit it **ALONG WITH A CURRENT IRB** within 30 days in order to remain in contractual compliance and to avoid being sent additional requests.

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PLEASE PROVIDE THE FOLLOWING INFORMATION:

1. **Include current approval (expedited or full review) from your IRB or Ethics Board with your reply.**

Title of Project:

2. Names and contact information for all individuals working with PSID restricted data:

**Principal Investigator:**

Name (first/last):

E-mail:

Address 1:

Address 2:

City, State, Zip:

**Other Research/Admin Staff :**

Name (first/last):

E-mail:

Address 1:

Address 2:

City, State, Zip:

Role on project:

**Other Research/Admin Staff:**

Name (first/last):

E-mail:

Address 1:

Address 2:

City, State, Zip:

Role on project:

**Other Research/Admin Staff:**

Name (first/last):

E-mail:

Address 1:

Address 2:

City, State, Zip:

Role on project:

3. Location (at your institution) of PSID data if not using the PSID enclave:

Bldg/Address:

Room #:

4. Please list all publications or grants acquired as a result of your work with the PSID data:

1:

2:

3:

4.

I certify that all information provided here is accurate to the best of my knowledge.

Please check box:

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For Office Use Only:

Extension Completed