

Stanford Cancer Institute
Required for ALL No Cost Extension Requests
REQUEST FOR NO COST EXTENSION

| | | | |
|---------------------------|-----------------------------|----------------------------------|--|
| Award Name: | | | |
| To: | SCI Award Manager(s) | Stanford Cancer Institute | |
| From (PI): | | Department | |
| SPO Number: | | PTA Number: | |
| Current project end date: | | Requested new end date: | |
| Human Protocol# | IRB approval start date: | | |
| Animal Protocol# | APLAC approval start date: | | |

Instructions

- Complete Sections A and B and return to gwhite5@stanford.edu for review and approval.

A.

| | | | |
|--|--|----------------|-------------------|
| Projected account balance at end of current period: | | | |
| Will there be a change in effort of key personnel during the no cost extension period? | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| <i>If yes, complete table below.</i> | | | |
| Name | Role | Current Effort | NCX period effort |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

B.

Justification: Please provide the reason for NCX request **AND** a brief description of the work that will be conducted during the extension period.

PI signature _____
 SCI Approval _____

Date _____
 Date _____