

[date]

Rebecca M Rodriguez, PhD  
NIDDK Central Repository Program Official  
NIH/NIDDK Office of Clinical Research Support

Dear Dr. Rodriguez:

**RE: [Research Project title and request number]**

We are requesting an extension to continue the research referenced above with **[study resources from original request]** in accordance with the Access Renewal Period Section of the Fully Executed Sample/ Data Use Agreement which original expiration date is **[expiration date]**.

For the following reasons: **[describe reasons for needing extension to continued research use]**

We hope this meets your approval.

Name of Requester: \_\_\_\_\_

Signature of Requester

Date

Name of Authorized Signatory: \_\_\_\_\_

Title of Authorized Signatory: \_\_\_\_\_

Authorized Signature for Requesting Institution

Date