

Request for Amendment to an Approved IRB Protocol

Instructions: Only complete this form if you are requesting amendments/revisions to an active IRB project (even if the project was initially approved via administrative/limited review). The IRB must approve the requested revisions before implementing the changes. Please attach any relevant documents to the project in IRBNet that are directly affected by the requested change. If amending the location, population, project dates, risk, benefits or procedures; the appropriate IRB Application and consent form must be revised and included with this submission. An amendment may increase the risk level of the project which may prompt the IRB to change the category of review for the project from a lower risk to a greater risk.

Principal Investigator (Current):	Click or tap here to enter text.	
CITI Member ID Number:	Click or tap here to enter text.	
Email:	Click or tap here to enter text.	
Approved Protocol Number:	Click or tap here to enter text.	
Approved Project Title:		
Click or tap here to enter text.		
Select the proposed change(s) to the project (Select all that apply):		
<input type="checkbox"/> Extension of project dates <input type="checkbox"/> Assessments (i.e. survey/interview questions, activities or interventions)	<input type="checkbox"/> Project title <input type="checkbox"/> PI change* <input type="checkbox"/> Research location <input type="checkbox"/> Advertisements/Flyers	<input type="checkbox"/> Data source <input type="checkbox"/> Personnel (other than PI)* <input type="checkbox"/> Subject compensation <input type="checkbox"/> Other
Describe in detail the requested changes. If requesting more than one change, numerically list the changes (Use as much space as necessary). <i>*If adding research personnel, please include the name, email and CITI Member ID Number for each individual listed:</i>		
Click or tap here to enter text.		
Select all documents that require revision or any documents submitted as a result of the requested change:		
<input type="checkbox"/> IRB Application <input type="checkbox"/> Permission Letter(s) <input type="checkbox"/> Consent Form(s)	<input type="checkbox"/> Survey/Interview Questions <input type="checkbox"/> Recruitment material (flyers, scripts or letters) <input type="checkbox"/> Other (Explain): Click or tap here to enter text.	
Will the requested changes affect the risks or benefits of the project?		
<input type="checkbox"/> No <input type="checkbox"/> Yes (Explain): Click or tap here to enter text.		