

## **Research Protocol Amendment Form**

Instructions: Federal regulation requires that changes to approved protocols be submitted to the IRB for review and approval prior to the implementation of these changes.

<b>Section I: General Study Information</b>	on
Title of Study	
IRB Protocol #	
Approval Date	
Name of Primary Investigator (PI)	
PI Email	
PI Phone number	
<b>Section II: Amendment Information</b>	
Indicate the type of amendment you a	re requesting (select all that apply)
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☐ Change in protocol (design, methods, procedures, etc.)*	
☐ Change in number of participants and/or selection criteria*	
☐ Change in recruitment materials (flyers, emails, compensation, etc.)*	
$\Box$ Change in study materials (forms,	questionnaires, etc.)*
☐ Change in consent form*	
☐ Change in research personnel	
☐ Other changes	
*Please attach all revised/new docum	ents with the changes highlighted
rease and an revised new docum	ens win me changes nightighted.
For each item selected above, describe the changes being made and the justification for each change.	
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Do the requested changes increase the	e risks to participants?   YES   NO
If yes, please explain:	

Are any of the changes the result of an unanticipated problem or adverse event? $\ \square$ YES $\ \square$ NO		
If yes, please explain:		
If yes, did you previously report these events to the IRB with an Adverse Event Form? $\Box$ YES $\Box$ NO If no, you must also submit an Adverse Event Form to the IRB along with the Amendment form.		
Are the changes expected to affect the participants' willingness to participate in the research study? $\Box$ YES $\Box$ NO		
If yes, please explain:		
Section III: Certification  I hereby certify that the information provided entirely and accurately described the proposed changes to		
the research protocol. I agree not to make any changes to the project during the approval process until the		
IRB approval for these changes has been obtained, except in the case of immediate harm to participants.		
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PI Name		
PI Signature		
Date		
Supervisor Name (if applicable)		
Supervisor Signature (if applicable)		
Date		

 $\label{lem:completed IRB Forms and supporting documentation should be submitted to (OIRE@nwfsc.edu) in one communication.}$