

IRB AMENDMENT FORM/CHANGES TO RESEARCH
REV. MARCH 2015

OFFICE OF
RESEARCH INTEGRITY

Protocol Number:

Project HU#:

Project Short Title:

1. Principal Investigator

Principal Investigator:

If any contact information has changed since last IRB review - provide below:

PI Name

Highlight and bold ALL information in application that has changed

University Academic Title

Phone Number

College/Department

Email

2. Proposed Change(s)

a. Indicate each change for which you are seeking IRB review and approval (check all that apply):

Change in study personnel (including change in PI) --> **Complete Appendix R - "Change in Personnel"**

Change in the number of participants --> **Complete Appendix T - "Change in the Number of Participants"**

All other research changes

3. Description of Change(s)

Highlight and bold ALL information in application form that has changed

Briefly describe the changes you are requesting:

Upload into IRBNet submission package for all Revised Documents:

- The most recently used version of the document, where all new revisions have been highlighted and bolded.
- A new, clean version of the proposed document, without track changes

4. Revised Documents

a. This request requires the revision(s), addition(s), and/or deletion(s) to the following (check all that apply):

- Research Protocol
- Consent Form(s), Assent Form(s), Permission Form(s), and Verbal Script(s) including translated documents

Upload into the IRBNet submission package:

- The most recently used consent document where all new revisions have been highlighted and bolded.
- A new, clean copy, without tracked changes, of the revised consent document with the bottom right corner BLANK.

- HIPAA Research Authorization Form(s)
- Recruitment Materials (e.g. ads, flyers, telephone or other oral script, radio/TV scripts, internet solicitations)
- Script(s) or Information Sheet(s), including debriefing materials
- Instruments (e.g., questionnaires or surveys completed by participants)

Other, Specify:

5. Principal Investigator's Assurance

I agree to follow all applicable federal regulations, guidance, state and local laws, and university policies related to the protection of human subjects in research, as well as professional practice standards and generally accepted good research practices for investigators, including, but not limited to, the responsibilities described in the [URI IRB policy](#).

By checking this box, I verify that the information provided in this Amendment Form/Changes to Research Form application is accurate and complete.

Date