



Amendment Request Form

Instructions:

Any proposed changes to research previously approved by the IRB (revisions, additions, amendments, etc...) must be reviewed and approved by the IRB before they are implemented. Please complete this form and return to the IRB by submitting an electronic copy of this Amendment Request Form to the IRB Administrator at irb@lourdes.edu.

Research Title:

IRB Protocol #:

Current IRB Expiration Date:

Principal Investigator Information:

Name:

Department or Affiliation:

Address:

Telephone:

Email:

Researcher Type:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Undergraduate Student	Graduate Student	Lourdes University Faculty/Staff	Other Institution

Research Purpose: Capstone Project: Course Project: Personal Scholarship:

Student Researcher as Principal Investigator:

Faculty Advisor: Name:

Phone: Email:

Faculty or Staff as Principal Investigator:

Faculty: Staff: Administration:

Supervisor, Department Chair, or Dean

Name:

Phone: Email

Financial Support: Lourdes University Unsupported Other (please specify in space below):

PLEASE PROVIDE THE FOLLOWING:

1. CHANGES REQUESTED (CHECK ALL THAT APPLY AND DESCRIBE BELOW):

<input type="checkbox"/>	Change in study design or methods	<input type="checkbox"/>	Change in subject (participant) population
<input type="checkbox"/>	Change in research site	<input type="checkbox"/>	Requested revisions from other IRB institution
<input type="checkbox"/>	Change in process or documents related to permission, assent, or consent		
<input type="checkbox"/>	Other (please specify):		

2. REASON FOR REQUESTED CHANGES (PLEASE DESCRIBE THE CHANGES SELECTED ABOVE):

3. CHANGES IN SUBJECT RISKS (CHECK ALL THAT APPLY):

<input type="checkbox"/>	This revision does not affect subject risks
<input type="checkbox"/>	This revision decreases risks to participants
<input type="checkbox"/>	This revision increases risk to participants (explain below)

4. CHANGES IN SUBJECT BENEFITS:

5. SIGNATURES:

The Principal Investigator:

As a Principal Investigator, the electronic signature below (ex: /s/John S. Doe) denotes my intent to certify that I will not proceed with the proposed changes/amendments until I receive IRB approval.

Name:

Date:

(example: /s/John S. Doe)

The Faculty Advisor:

As a Faculty Advisor, the electronic signature below (ex:/s/John S. Doe) denotes my intent to certify that my student researcher will not proceed with the proposed changes/amendments until IRB approval has been received.

Name:

Date:

(example: /s/John S. Doe)