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| --- | --- | --- |
| 1.  | WPI IRB #: |       |
|  |
| 2.  | PI Name: |       |
|  |
| 3.  | Title of Study: |       |

|  |  |  |
| --- | --- | --- |
| 4.  | Contact Person for Amendment: *(include Telephone/Email/Fax)* |       |
| Tel No:  |       | E-Mail Address: |       | Fax No: |       |

 5. Proposed Amendment(s) involves changes to: *(Please check (✓) all appropriate boxes)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  | Age range of subjects | [ ]  | Consent/reconsent processes | [ ]  | Sample size |
| [ ]  | Cohort or sources of subjects | [ ]  | Study Personnel | [ ]  | Grants/Sponsors |
| [ ]  | Recruiting/advertising | [ ]  | Principal Investigator | [ ]  | Study sites – Domestic *(Specify)*      |
| [ ]  | Remuneration for subjects | [ ]  | Procedures/Methodology | [ ]  | Study sites – International *(Specify)*      |
| [ ]  | Confidentiality statement | [ ]  | Research Instruments | [ ]  | Translations/Language |
| [ ]  | Other:      |

 6. Reasons for the proposed amendment(s):

 7. How does the amendment(s) change the risk/benefit analysis of this protocol and to what degree?

 8. You must attach documents to support your amendment request: *(Please check (✓) all appropriate boxes)*

|  |  |  |  |
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| [ ]  | Grant applications that WPI IRB does not already have | [ ]  | New/revised consent form(s)/processes |
| [ ]  | IRB approvals of letters of support | [ ]  | New/Revised research instruments |
| [ ]  | Training documentation for new personnel |
| [ ]  | Other forms or materials – Describe:       |

|  |  |  |  |
| --- | --- | --- | --- |
| PI Signature:  |   |  Date: |       |

*Please return a signed hard copy of this form to the WPI IRB c/o Ruth McKeogh 2nd Floor Project Center*

*If you have any questions, please call (508) 831-6699.*