|  |  |  |
| --- | --- | --- |
| 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)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | 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.*