



WORCESTER POLYTECHNIC INSTITUTE
Institutional Review Board
Study Modification Form

WPI USE ONLY	
IRB #	_____
Date:	_____

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)*

<input type="checkbox"/>	Age range of subjects	<input type="checkbox"/>	Consent/reconsent processes	<input type="checkbox"/>	Sample size
<input type="checkbox"/>	Cohort or sources of subjects	<input type="checkbox"/>	Study Personnel	<input type="checkbox"/>	Grants/Sponsors
<input type="checkbox"/>	Recruiting/advertising	<input type="checkbox"/>	Principal Investigator	<input type="checkbox"/>	Study sites – Domestic <i>(Specify)</i>
<input type="checkbox"/>	Remuneration for subjects	<input type="checkbox"/>	Procedures/Methodology	<input type="checkbox"/>	Study sites – International <i>(Specify)</i>
<input type="checkbox"/>	Confidentiality statement	<input type="checkbox"/>	Research Instruments	<input type="checkbox"/>	Translations/Language
<input type="checkbox"/>	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)*

<input type="checkbox"/>	Grant applications that WPI IRB does not already have	<input type="checkbox"/>	New/revised consent form(s)/processes
<input type="checkbox"/>	IRB approvals of letters of support	<input type="checkbox"/>	New/Revised research instruments
<input type="checkbox"/>	Training documentation for new personnel		
<input type="checkbox"/>	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.*