



NEOMED

Institutional Review Board Request for Amendment/Addendum

Please use this form to request an amendment/addendum to a currently approved NEOMED IRB protocol. This includes any change in a studies design, personnel or subjects. Please complete, sign, scan, and e-mail this form to Trish Wilson at paw@neomed.edu.

Name of PI on project:

Name of person completing this request form:

Name of NEOMED Protocol:

IRB Protocol Number:

1) Please provide a short summary of the amendment/addendum you are requesting. If adding personnel, attach current Human Subjects Training certification for each person added. (Certificate must be less than 3 years old). If this amendment is to change any consent forms, surveys, etc., please attached the revised documents.

2) Please provide a justification for this amendment/addendum request. How will this change improve the study.

Principal Investigator Signature

Date

For IRB Use Only

Type of Amendment Review Conducted :

I. Full Board Expedited Exempt

II. Areas of concern with the proposed amendment:

Addendum eligible for expedited review and approval?

Yes No

Approval recommended?

Yes No

Reviewer Signature

Date