University of Redlands Institutional Review Board

Application to Revise an Approved Protocol

(Form revision date: April 18, 2011)

**Section A. Identification Information**

|  |  |
| --- | --- |
| Current date: |  |

|  |  |
| --- | --- |
| Approval date: |  |

|  |  |
| --- | --- |
| Expiration date: |  |

|  |  |
| --- | --- |
| IRB approval number: |  |

|  |  |
| --- | --- |
| Title of project: |  |

|  |  |
| --- | --- |
| Name of principle investigator (PI): |  |

|  |  |
| --- | --- |
| Email of PI: |  |

|  |  |
| --- | --- |
| Telephone number of PI: |  |

**Section B. Type of Revision**

B.1. Indicate the type of revision by checking all that apply:

[ ] revision to currently approved protocol

[ ] revision to currently approved method of recruitment

[ ] revision to currently approved consent form

[ ] revision to the location of the study

[ ] revision to add research personnel

[ ] revision to add new surveys, instruments, or interview questions

[ ] other

 *Specify*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B.2. Indicate what effect, if any, this revision has on the risks to the subjects who will enroll in the study:

[ ] This revision does not increase risks to the subjects who participate in the study.

[ ] This revision does increase risks to the subjects who participate in the study.

If you answered that the revision does increase the risks, explain the risks and what steps will be taken to minimize these risks.

B.3. Justify the request for the revision.

**Section C. New Materials**

Attach a copy of any new materials – e.g., advertisements, consent forms, questionnaires – that will be used if the revisions sought are approved by the IRB.

**Section D. Certification for Revisions**

*I certify that to the best of my knowledge the information provided above is complete and accurate and does not, except as indicated, contradict information presented in the approved application.*

|  |  |
| --- | --- |
|  |  |
| Signature of PI | Date |

*Because the PI is a student, I accept that I am ultimate responsibility for ensuring that this study complies with all the obligations listed above for the PI.*

|  |  |
| --- | --- |
|  |  |
| Signature of Faculty/Administrator/Staff Sponsor | Date |

*For IRB use only. Do not write or type below this line.*

**IRB Decision**

[ ] Approve Revisions

|  |  |
| --- | --- |
| Date revised approval starts: |  |

|  |  |
| --- | --- |
| Date revised approval ends: |  |

[ ] Revisions Not Approved

|  |  |
| --- | --- |
|  |  |
| Signature of IRB Chair | Current date |