



INSTITUTIONAL REVIEW BOARD

**REQUEST FOR APPROVAL OF AMENDMENT
TO A PREVIOUSLY APPROVED PROJECT**

(TO BE COMPLETED BY PRINCIPAL INVESTIGATOR)

- *If you are filling out this form using paper copy, please attach additional sheets as necessary to provide all the requested information. Please make sure you reference your answers to the appropriate section on the form.*
- *If you are filling out this form on a computer, you can tab from one shaded field to another and type in your information. To place a check mark in the "check boxes", click into them with your mouse or press the space bar when your cursor is in the box*
- **Please submit the following:**
 - **FULL BOARD – (1) signed original clean copy and (10) copies double sided with ONE staple of all documentation being submitted with tracked changes reflect on consent form, protocol and/or the revised document)**
 - **EXPEDITED – (1) original copy single sided of all documentation being submitted with track and clean changes reflect on consent form, protocol and/or the revised document)**
 - **Submit electronic MS Word/PDF copies of all contents via email**
 - **If you need any assistance please contact Donna Servidio IRB Manager at dservidio@kesslerfoundation.org or 973-243-6972**
- *The cover letter must address each change and must indicate on which page of the revised protocol and/or consent form the changes have been made.*

 IRB Protocol #

 Exact Title of IRB-approved Project:

Principal Investigator:

 Phone #:
Ext.

Date of the most recent continuation of approval: _____

Please provide the date of the last review of your project.

Expiration date of project approval: _____

This date is indicated in your most recent letter of approval.

I. Are you submitting amendments to the Study Protocol?

Yes No

If not, skip this section and go to section II.

1. Please submit the text of the amendment to the study protocol. Itemize the protocol changes, and include a concise description of each change. If the changes are extensive, please resubmit the whole protocol with the changes highlighted.

List Changes:

2. Do the protocol changes necessitate a change in the title of the project?

Yes No

If yes, please enter the revised title below.

New Title:

In addition, please revise the title appearing on the informed consent document, and submit the revised document for approval. (Consent document need not be revised if subject recruitment has ended.)

3. Is subject recruitment still ongoing?

Yes No

4. Will the protocol changes affect the research subjects directly?

Yes No

If yes, revise the current informed consent document and submit it for approval.

5. Will the protocol changes impose greater risks on the subjects than originally estimated?

Yes No

If yes, please clearly define what the nature and magnitude of the additional risks are, and whether or not the benefits of this study still outweigh the risks.

6. Should subjects who are already in the study be informed about the protocol changes?

Yes No

If yes, please indicate how and how soon the information will be conveyed to the subjects. If it will be in writing, please submit the text for approval.

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II. Are you submitting a new/changed advertisement/news release for the study? Yes No

If not, please skip this section and go to section III.
If yes, please submit the text of the publicity document for approval.

III. Are you submitting amendments to the Informed Consent Document? Yes No

If not, skip this section and go to Section IV.

1. Please attach a copy of the revised consent document with changes highlighted.
2. What are the reasons for making changes in the consent document?

<input type="checkbox"/> to accommodate changes in the investigative team	<input type="checkbox"/> to accommodate study protocol amendments
<input type="checkbox"/> to improve clarity of information given	<input type="checkbox"/> to correct typographical errors
Other:	

IV. Are you submitting changes in the investigative team? Yes No

If not, skip this section and go to Section V.

1. Does the change involve the Principal Investigator? Yes No

If yes, please change the name of the Principal Investigator appearing in the Consent Form and submit the revised document for approval.

Please provide the following information about the new Principal Investigator:

Name	Academic Degree	Company
Title	Company address	Postal code State
Phone #	Fax #	E-mail

2. Does the change involve any co-investigators?

Yes No

Name:	<input type="checkbox"/> Leaving <input type="checkbox"/> Joining
Name:	<input type="checkbox"/> Leaving <input type="checkbox"/> Joining
Name:	<input type="checkbox"/> Leaving <input type="checkbox"/> Joining

V. Are you submitting amendments to the investigator's brochure?

Yes No

This section is applicable to projects involving the use of a test article (investigational drug, biologic or device). If not relevant, skip this section and go to Section VI.

1. Please submit a copy of the text of the amended or updated Investigator's Brochure.
2. Please summarize the new information provided in the amended brochure.

3. Does the new information provided in the amended brochure suggest that the use of the test article may impose greater risks to the subjects than originally estimated?

Yes No

If yes, please clearly define what the nature and magnitude of the additional risks are, whether or not the benefits of this study still outweigh the risks.

4. Should the new information provided in the amended brochure be included in the informed consent document?

Yes No

If yes please revise the current informed consent document, and submit the revised copy for approval. (Consent document need not be revised if subject recruitment has ended; please indicate so.)

VI. Are you submitting amendments to any other aspect of the study, which are likely to affect the research subjects directly, but are not covered in sections I-V?

Yes No

If not, skip this section. Otherwise, provide sufficient information and documentation of the unclassified amendments, sufficient for the IRB to judge their impact on human subjects of this research.

Signature of Lab Director
(or appropriate Supervisor)

Date

Signature of Principal Investigator

Date