

Request for Amendment

Instructions: PDF Version

This format is designed for those who wish to print the form and complete it with a typewriter. If you would prefer to complete the form on a computer, please choose a different format.

If you need additional room to answer any questions, attach a separate page.

If you have any questions, contact the IRB Office at 718-270-2680.

Submission Checklist:

In your submission to the IRB, please include the following:

- Request for Amendment Form
- Revised Abstract (required only if changes are significant.)
- Revised Consent and Assent Forms (if applicable)
- Any pertinent information supplied by the sponsor

Protocol #

SUNY Health Science Center at Brooklyn
Kings County Hospital Center
Institutional Review Board

Request for Amendment

Principal Investigator: _____ **Dept:** _____ **Box:** _____

How should we contact you?

Name (if not PI): _____ **Email:** _____
Ph: _____ **Fax:** _____ **Cell:** _____ **Page:** _____

Protocol Title:

1) Does this amendment come at the request of the sponsor?
 No Yes **If yes, please include sponsor’s materials, revised protocol etc.**
Sponsor Version #, Revision Date:

2) What do the changes alter? (Check all that apply)
 Protocol Consent Form Study Staff

If there are changes to the consent form, please submit one copy with the changes underlined and one copy without the underlining.

3) Please describe in detail the proposed changes and why they are necessary.

4) Do the changes affect the risks or potential benefits of the study?
 No Yes **If yes, please explain.**

Except where necessary to eliminate an immediate hazard to research participants, changes may not be implemented prior to IRB approval.

Principal Investigator

Date