

# Institutional Review Board: Amendment Form

**Date Submitted:** \_\_\_\_\_

**Title of Research Project:** \_\_\_\_\_

**Principal Investigator Name:** \_\_\_\_\_

Department/Affiliation: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Select the type of change you are requesting (select all that apply):**

- Research team or personnel
- Protocol (e.g., design, method, procedure)\*
- Number of participants or selection criteria
- Participant compensation
- Recruitment materials\*
- Consent form or process\*
- Other changes

*\*Changes to any study materials must be attached.*

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**1. For each of the changes selected above, please describe and provide a rationale.**

**2. Do any of the requested changes increase risks to participants?**

Yes

No

If yes, explain:



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Principal Investigator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** Send your completed amendment form and all attachments to the HFC Institutional Review Board at [hfcirb@hfcc.edu](mailto:hfcirb@hfcc.edu).