Wichita State University Institutional Review Board (IRB)

Application for Amendment

A study must be carried out in accordance with the application approved by the IRB. Any changes to the study, including but not limited to changes in the subject population, recruitment plans, advertising materials, research procedures, survey instruments, consent forms, sites or research personnel who are instrumental to the design or execution of the study must be approved by the IRB prior to the change taking place.

IRB Number:

Title:

Name of Principal Investigator(s):

E-Mail Address: Campus Box: Phone:

Department/Program Affiliation:

Name(s) current of Co-Investigator(s):

Have all listed study personnel completed CITI Human Subjects Training? Yes ☐ No ☐

Please select ALL categories of amendment(s) in which you are requesting.

- ☐ Changes in currently approved application
- ☐ Changes in currently approved consent form or procedures – please attach revised documents and highlight changes or use tracked changes
- ☐ Changes to or Addition of survey(s), questionnaire(s), or other research instruments – please attach the revised or new instruments and highlight changes or use tracked changes
- ☐ Change in Study Title
- ☐ Change in Principal Investigator – have both current and newly proposed PI sign this document
- ☐ Addition/deletion of research personnel – for new personnel list their role on the project on page 2
- ☐ Change to research study design, methods or procedures (e.g., observations, interventions, collection of biological samples or biometrics information, participant tasks, etc.)
- ☐ Addition/deletion of a site
- ☐ Addition of/change to study population
- ☐ Addition of/change to recruitment or compensation procedure(s)
- ☐ Addition of change to the identifiers collected in the study, or any others that would impact the privacy and confidentiality of the study participants
- ☐ Other changes (explain on page 2)

Briefly describe the changes being made (provide a clear rationale for the proposed changes).

Are any of these changes the result of something that occurred during human participant interaction or an unexpected event? Yes ☐ No ☐

Check all that apply:

- ☐ **This change does not increase risks to participants enrolled in the study**
- ☐ **This change may increase risks to participants enrolled in the study**
- ☐ **This change does necessitate revision of the consent form**
- ☐ **This change does not necessitate revision of the consent form**
- ☐ **Subjects already enrolled will be re-consented**

By signing this form, I certify that I have disclosed to the IRB all information related to the proposed changes to the application, accurately and completely.

PI Signature: Date:

For PI changes

New PI Signature: Date: