Amendment Request Form

Amendment #

For use by ORI only:

…………………………………

IRB Designate Approval:

………………………………….

………………………………….

HS

I – General information  
  
This IRB amendment request must be typed out and submitted via e-mail along with all the appendices and signatures. Some amendments may need to be reviewed by the full board.   
  
**I. IRB application number**:

**1. Title of Research Study**

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**2. Researcher Information** (e.g., UCR faculty, student, postdoc, visiting professor):

|  |  |  |
| --- | --- | --- |
| Title (e.g., Dr., Mr., etc.): | Name: | |
| Department: | | |
| Phone: | | Institutional e-mail: |

**3. UCR Faculty Advisor or UCR Faculty sponsor** (Q3 is to be filled out only if person in Q2 is a UCR student, trainee, postdoc, or visiting scholar; for faculty research, this question should be blank)

|  |  |  |  |
| --- | --- | --- | --- |
| Title (e.g., Dr. / Ms. / Prof): | Name: | | |
| Department: | | |  |
| Phone: | | Institutional e-mail: | |

**4. Are you submitting changes to the project roster only?** Yes  No

(If “Yes” **only** submit a revised [project roster](http://research.ucr.edu/webdocs/RI/Forms/IRB/Project_Roster_Form_UCR.docx) as an appendix to this form. The remaining sections do not need to be completed. Please note that if the required training has not been completed, there will be a request to do so.)

**II. Amendment Summary**

**5. Please provide a brief description of the study**

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| --- |
| (Max ¼ page) |

**6a. Describe below how this proposed amendment is in line with the original research question or hypothesis of the study**

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**6b. Describe the proposed changes, including the reason for the change.** Append all revised documents with the changes **bolded** or tracked.

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**7. Will the change require modifications to the risk-benefit assessment or other aspects of the study, such as compensation?** Please elaborate below. Yes  No

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| --- |
|  |

**III. IRB amendment request submission instructions:** All IRB amendment requests must be submitted via email ([irb@ucr.edu](mailto:irb@ucr.edu)) **with the required signatures** in place. The request should be submitted in as few attachments as possible in PDF or Word format. Signatures whether electronic or scanned signatures are acceptable. Taking a single picture of all the signatures in place as well as inserting a jpeg of the signature is also acceptable.

My signature as researcher, confirms that this study has been designed to protect human participants. I am responsible for the scientific and ethical conduct of the research and providing all reports and information to the IRB, as well as other related groups.

**Researcher’s signature: Date:**

My signature as UCR faculty advisor and/or supervisor, confirms that this amendment has been designed to protect human participants. I have read and approved all aspects of this proposal. As a UCR faculty supervisor, I am ultimately responsible for the scientific and ethical conduct of the research and providing all reports and information to the IRB, as well as other groups.

**UCR Faculty advisor’s / faculty sponsor’s signature: Date:**