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.

For Project Roster only changes, contact [irb@ucr.edu](mailto:irb@ucr.edu) directly with the updated roster. An Amendment Request Form **does not** need to be submitted for roster only changes.  
  
**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: | |

**II. Amendment Summary**

**4. Please provide a brief description of the study, and describe how this amendment is in line with the original aims of the study**

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| --- |
| (Max ¼ page) |

**5. Proposed Changes**

1. **Please check off only applicable proposed changes**
   * 1. Changes to procedures or measures Yes  No
     2. Changes to participant population Yes  No
     3. Changes to recruitment methods Yes  No
     4. Changes to compensation or reimbursement Yes  No
     5. Change to consent process including changes to consent

form document Yes  No

* + 1. Changes to risk-benefit assessment Yes  No
    2. Other (please describe):

*Changes to the above items may require revised documents (e.g., informed consent form, recruitment material, measures, etc.). Please include all revised documents in the submission.*

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

|  |
| --- |
|  |

**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 and/or supervisor signature: Date:**