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**Protocol Amendment Form**

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| --- | --- | --- |
| Amendment Date: | | |
| Principal Investigator: | | |
| Contact Person: | | |
| Sponsor: | | |
| E-mail: | Phone: | Fax: |
| Title of Protocol: | | |

Material revised/amended includes: (Check all that apply)

Research Protocol Consent Form

Drug Information Sheets Other – Specify:

Briefly summarize changes:

|  |  |  |
| --- | --- | --- |
| Signature | Print Name | Date |
| Principal Investigator | | |
| Signature | Print Name | Date |
| Faculty Sponsor (if P.I. is a student) | | |
| Signature | Print Name | Date |
| Chair, Director, or Dean | | |

Instructions:

After completing this form, you may submit it by email to the IRB for initial review. After obtaining all of the required signatures, please send a completed copy of the form and any supporting materials that will help explain the changes (including any revised consent form, if applicable) to [BassettR@roberts.edu](mailto:BassettR@roberts.edu), or by mail to Dr. Rodney Bassett, Chair, Institutional Review Board, Roberts Wesleyan College, 2301 Westside Drive, Rochester NY 14624.

**The IRB Institutional Review Board approved this amendment on this date**

IRB Chair Date

Protocol Amendment Form 1 September 2008