**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 the chair of IRB by email or by mail to Dr. Chair, Institutional Review Board, Roberts Wesleyan University , 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