## **Amendment to Original IRB Certification (HSR-4)**

IRB Research project #:

Date Submitted:

Please provide the following information regarding your study. Each item must be filled in or indicated as non-applicable:

Principal Investigator:

Faculty research supervisor:

Title of Project:

1. Description of Changes to the research project (*check all that apply*):

a. Revision to research project

b. Revision to consent documents

c. Other (specify)

2. Describe the specific changes being requested:

1. How have the requested changes impacted the level of risk involved for participants?

5. Attach revised research project and or consent documents as applicable (*make sure all changes are highlighted and or in bold type*)

I/We certify that the above statements and attachments concerning this research are true.

Signature of Principal Investigator/Researcher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

Date

Approval Signature – Faculty Research Supervisor (for students):

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Date

IRB Certification Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_