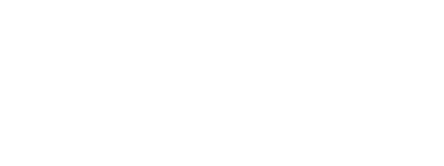
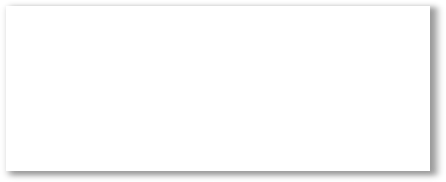
Logo, company name

Description automatically generated



**For Internal Use Only Protocol Type:**

Full Board  Expedited

Exempt

**Revision Request Form:**

**Full Board/Expedited Amendments and Exempt Modifications**

**Protocol Title:** Click or tap here to enter text.

**Principal Investigator:** Click or tap here to enter text.

**Faculty Advisor (if applicable):** Click or tap here to enter text.

**Protocol Number:** Click or tap here to enter text.

**Date of Request:** Click or tap to enter a date.

|  |  |
| --- | --- |
| **PART I. PROPOSED CHANGES** | |
| **1. Provide a brief lay summary of the overall project. Include enough detail to allow the MCIRB to evaluate the requested change(s) within the context of the overall project.** | |
| Click or tap here to enter text. | |
| **2. Please provide a detailed list of the change(s) being requested.** | |
| Click or tap here to enter text. | |
| **3. State the reason (justification) for the requested change(s).** | |
| Click or tap here to enter text. | |
| **4. What is your assessment of how the changes will affect the overall risk/benefit ratio of the study and the willingness of individuals to participate?** | |
| Click or tap here to enter text. | |
| **5. Personnel Changes/New Investigator(s):** |
| Mercy College defines the term “Investigator” as “the project director or principal investigator ***and any other person, regardless of title or position*** (e.g., full or part-time faculty member, staff member, student, trainee, collaborator, or consultant), who is ***responsible*** for the ***design, conduct, or reporting*** of sponsored research.”  **Using this definition of “Investigator,” have you added any new Mercy Investigators to this project since your most recent IRB review (initial review or review of your most recent amendment/modification)?**  YES  NO  **Name of Investigator:** Click or tap here to enter text.  **Title:** Click or tap here to enter text.  Please include additional sheets if needed to identify all new Investigators by name and title. Attach CITI training certificate(s). |

|  |  |  |
| --- | --- | --- |
| **PART II. ATTACHMENTS** | | |
| **Do the proposed changes require changes to the following documents?**  **Yes No** | | |
|  |  | Updated Data Security Assessment |
|  |  | Informed consent, assent, parent permission documents / scripts |
|  |  | Data collection materials (questionnaires, surveys, interview scripts, etc.) |
|  |  | Recruitment materials (emails, flyers, letters, posters, brochures, etc.) |

|  |  |  |
| --- | --- | --- |
|  |  | Other: Click or tap here to enter text. |
| **If \*Yes\* to any of the above, please attach the appropriate revised document with all changes highlighted.** | | |

**Principal Investigator’s signature:** **Date:** Click or tap to enter a date.



*For IRB Use Only*

**Signature of IRB Date Approved/Accepted by IRB:** Click or tap to enter a date.

