**PROTOCOL AMENDMENT REVIEW**

**(Form 3.2)**

**TO THE PRINCIPAL INVESTIGATOR:** *OBTAIN AN ELECTRONIC COPY OF THIS FORM AND ENCODE ALL INFORMATION REQUIRED IN THE SPACE PROVIDED. PRINT NAME, DATE AND SIGN THIS FORM BEFORE SUBMISSION.*

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| **Date of Submission (MMM/DD/YYYY)** | Click here to enter text. | **IRB Protocol Number** | Click here to enter text. |
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| **Sponsor** | Click here to enter text. | **Sponsor’s Protocol Number** | Click here to enter text. |
|  | | | |
| **Principal Investigator** | Click here to enter text. | **Co-investigator(s) (if any)** | Click here to enter text. |
|  | | | |
| **Principal Investigator’s Contact Number** | Click here to enter text. | **Principal Signature** | Click here to enter text. |

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| **Date of Initial Approval of Protocol (MMM/DD/YYYY)** | Click here to enter text. |

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| **Protocol Title** | Click here to enter text. |

**TO THE PRINCIPAL INVESTIGATOR:** *ON THE FIRST COLUMN, SPECIFY THE AMENDMENTS FOR APPROVAL. PROVIDE A COMPARISON BETWEEN THE ORIGINALLY APPROVED VERSION AND THE NEW VERSION FOR APPROVAL. ON THE SECOND COLUMN, SPECIFY THE REASON FOR THE AMENDMENT. YOU MAY ADD MORE ROWS OR EXTRA PAGES, AS NEEDED.*

**TO THE REVIEWER/ INDEPENDENT CONSULTANT:** *IF THE AMENDMENT IS APPROVED, PUT A (√) CHECK MARK ON THE THIRD COLUMN.**KINDLY STIPULATE ON THE FOURTH COLUMN YOUR COMMENTS OR OTHER CLARIFICATIONS, IF NEEDED. PLEASE DO NOT USE PENCIL IN ACCOMPLISHING THIS FORM.*

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| **List of Amendments (*originally approved version versus the new version)*** | | **Reason** | **Primary Reviewers only** | |
| **Original Version** | **New Version** | **Approval** | **For Review**  ***(Specify comments.)*** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |

**TO THE REVIEWER/ INDEPENDENT CONSULTANT:***PRINT NAME, SIGN AND DATE THIS FORM. PLEASE DO NOT USE PENCIL IN ACCOMPLISHING THIS FORM. INDICATE WITH A (✓) CHECK MARK THE APPROPRIATE TICK BOX.*

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| **Type of Review** | |
| * Expedited | * Full board  **Date of Meeting Presented:**  \_ Click here to enter text. \_ \_ \_ \_   **(MMM/DD/YYYY)** |

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| **Primary Reviewer’s Recommendation** |
| Approval  Minor Modification:  Summary of Revisions: Click here to enter text.  Major Modification:  Summary of Revisions: Click here to enter text.  Disapproval  Reason: Click here to enter text.  Pending Decision  Reason: Click here to enter text. |

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| **Name of Primary Reviewer** |  | **Signature** |  | **Date (MMM/DD/YYYY)** |
| Click here to enter text. |  | Click here to enter text. |  | Click here to enter text. |