**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)** |  | **IRB Protocol Number** |  |
|  | | | |
| **Sponsor** |  | **Sponsor’s Protocol Number** |  |
|  | | | |
| **Principal Investigator** |  | **Co-investigator(s) (if any)** |  |
|  | | | |
| **Principal Investigator’s Contact Number** |  | **Principal Signature** |  |

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| **Date of Initial Approval of Protocol (MMM/DD/YYYY)** |  |

|  |  |
| --- | --- |
| **Protocol Title** |  |

**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 AN (X) MARK ON THE THIRD COLUMN.**KINDLY STIPULATE ON THE FOURTH COLUMN YOUR COMMENTS OR OTHER CLARIFICATIONS, IF NEEDED.*

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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. INDICATE WITH AN (X) MARK THE APPROPRIATE TICK BOX.*

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| **Type of Review** | |
| Expedited | Full board  **Date of Meeting Presented:**  \_ \_ \_ \_ \_  **(MMM/DD/YYYY)** |

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| **Decision:** |  | Approval |  | Disapproval   * Reason: |
|  | Minor Modification |  | Pending Decision   * Reason: |
|  | Major Modifications |  |  |
| **Summary of Revisions (if any):** | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Primary Reviewer** |  | **Signature** |  | **Date (MMM/DD/YYYY)** |
|  |  |  |  |  |