Institutional Review Board (IRB)
Arizona College of Nursing
2510 W Dunlap Ave, Suite 290
Phoenix, AZ 85021

Research Protocol Amendment Form

PI Name: Reviewer Name:

Protocol Number: Date:

Project Title:

Initial Review Level: ☐ Full ☐ Expedited ☐ Exempt

Form Submission
In accordance with the federal regulations, the IRB must approve all proposed changes to approved protocols and supporting documents prior to implementation. Amendments are processed within 15 business days of receipt. **The following documents are required to be submitted with this form to irb@arizonacollege.edu:** i. Clean version of the amended protocol ii. Clean version of the amended supporting documents

Contact Information	
Name:	Phone:
Email:	

Purpose for Amendment(s) (Select all that apply)
☐ Update Personnel (Note: if this is the only amendment skip to the personnel change section of this form. ☐ Revisions to protocol procedures and/ or supporting documents ☐ Update regulatory documentation (i.e., funding)

Amendment Summary
Provide a summary of the proposed changes to the research protocol and supporting documents and a rationale for all changes in the box below.

Current Status of Research	Participant Enrollment	
☐ Research study has not commenced ☐ Research is subject to active participant enrollment ☐ Research is closed to participant enrollment	Total number of participants consented Number of active participants Number of completed participants	

Amendments to the Consent Form and Re-consent Plan
Does the proposed amendment(s) change the content of the consent form? ☐ Yes ☐ No
If yes, provide the re-consent plan: ☐ N/A- no participants have enrolled ☐ All active and completed participants will be re-consented ☐ Only select participants will be re-consented ☐ There are no plans to re-consent participants
Provide rationale for selected consent plan:

Changes to the Risk/Benefit Profile of the Research Study
Provide a statement on whether any components of the proposed amendment(s) pose new or increased risk to participants in the box below.

Personnel Changes					
☐ No personnel changes			☐ Updating CITI training for existing Personnel ***Note:*** *must submit CITI training certificate*		
☐ **Adding New Personnel**			☐ **Removing Personnel**		
Name	Affiliation	Role in Study	Name	Affiliation	Role in Study

Principal Investigator's Signature: _____ Date_____