

**VIRGINIA STATE UNIVERSITY  
INSTITUTIONAL REVIEW BOARD  
STUDY AMENDMENT FORM**

This form must be typed and submitted Virginia State University, Office of Sponsored Research and Programs, P. O. Box 9407, Petersburg, VA 23806.

**Section I: Investigator Information**

<b>Principal Investigator:</b>			<b>Department:</b>		
P. O. Box:	Phone:	E-Mail:			

**Co-Principal Investigator:**

P. O. Box:	Phone:	E-Mail:			
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Project Title:

Sponsor/Funding Agency:

**Section II: Amendment Description**

1. Provide a complete description of the proposed change(s) included in this amendment:

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2. Is the study sponsored/funded? Please mark (X) the appropriate line below.

<input type="checkbox"/>	NO
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<input type="checkbox"/>	YES, Check the appropriate line below and provide with this amendment, as applicable:
<input type="checkbox"/>	a copy of the sponsor's amendment, if the amendment came from the sponsor
<input type="checkbox"/>	a copy of your notice to the sponsor of this change, if you initiated the amendment
<input type="checkbox"/>	a copy of the approved amendment will be sent to the sponsor.

3. Do the proposed change(s) described in this amendment alter the risk to benefit assessment?

<input type="checkbox"/>	NO
<input type="checkbox"/>	YES, Please describe how the assessment is altered:

4. Do the proposed change(s) described in this amendment affect any of the following documents?

<input type="checkbox"/>	Authorization	<input type="checkbox"/>	Advertisement, fliers, etc.	<input type="checkbox"/>	Research Protocol, thesis, or dissertation	<input type="checkbox"/>	Other, Please describe:
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**NOTE: Any document selected above must be included with the submission of the amendment.**

IRB APPROVAL NUMBER: \_\_\_\_\_

AMENDMENT NUMBER \_\_\_\_\_  
(For IRB Use Only)

5. Do the proposed change(s) described in this amendment require changes to the informed consent and/or assent document(s) or process? Please mark (X) the appropriate line below.

<input type="checkbox"/>	The new informed consent and/or assent document(s) are <u>in addition</u> to the current one(s).
<input type="checkbox"/>	The new informed consent and/or assent document(s) <u>replace</u> the current one(s).
<input type="checkbox"/>	The new informed consent and/or assent document has been waived for this study.

- A. Will enrolled subjects be informed of the change(s) described in this amendment?

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO. Please explain why not:

<input type="checkbox"/>	YES. Will enrolled subjects be re-consented and/or re-assented?
<input type="checkbox"/>	NO. Please explain how enrolled subjects will be notified:

6. Amendment includes: (check all that apply)

<input type="checkbox"/>	Informed Consent and/or Assent, dated:
<input type="checkbox"/>	Protocol, dated:
<input type="checkbox"/>	Notice to Sponsor, dated:
<input type="checkbox"/>	Advertisement, dated:
<input type="checkbox"/>	Other, dated:

**NOTE:**

1. Only include documents that were checked in items 4 and 5 above (as being changed because of the amendment).
2. Listing document dates are optional and only necessary if required by the investigator or sponsor.

IRB APPROVAL NUMBER: \_\_\_\_\_

AMENDMENT NUMBER \_\_\_\_\_  
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**NOTE TO INVESTIGATORS: Study amendments *may not* be instituted until approval from the IRB is given.**

Signature of Investigator:	Date:
Signature of Co- Investigator:	Date:

### Section III: IRB Approval

**This amendment, including documentation noted in item 7 above, has been reviewed and approved as meeting the criteria for IRB approval as outlined in 45 CFR 46.111(a) by VSU's IRB. I agree with the investigator's assessment regarding the above statement, unless otherwise noted.**

Authorized IRB Signature: \_\_\_\_\_ IRB Approval Date: \_\_\_\_\_