1. **Revision Description (Check all that apply):**
   - [ ] Revision to currently approved protocol
   - [ ] Revision to currently approved informed consent process, consent form, parental permission or assent form
   - [ ] Revision to currently approved HIPAA form
   - [ ] Addition or removal of PI, co-PI, or key personnel (if applicable, resubmit updated key personnel form and submit CITI certificate for additional key personnel)
   - [ ] Revision to recruitment instrument, oral script, survey instrument, web-based instruments, questionnaires, advertisement flyers, funding sources, etc.
   - [ ] Additional recruitment instruments, oral scripts, survey instruments, questionnaires, advertisement flyers, funding sources
   - [ ] Removal of key procedure
   Please specify the items in your response to #3 below.

2. **Risk to Participants (Check one):**
   - [ ] This revision does not increase the risks to participants enrolled or to be enrolled in the study
   - [ ] This revision increases the risks to participants enrolled or to be enrolled in the study

3. **Describe the amendment request, indicating why these changes are necessary and how they may affect the safety of the human participants enrolled in the study:**

4. **Attach amended/modified or new informed consent form(s) and/or other amended documents with changes/additions highlighted in bold.**

5. **Attach original approved consent form, and grant proposal if applicable.**
   - You must submit an additional copy of each revised document with all revisions highlighted in **bold**
   - Amendments/modifications may not be instituted before written IRB approval

*By signing below, the principal investigator assures the information contained in this form is true and accurate:*

<table>
<thead>
<tr>
<th>Signature of PI:</th>
<th>Date:</th>
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<tbody>
<tr>
<td>Signature of Faculty Advisor:</td>
<td>Date:</td>
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</tbody>
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IRB Determination

[ ] Incorporate amendments/modifications into protocol and submit modified protocol to the IRB

[ ] IRB request for additional modifications to proposed amendments/modifications.

Specify ______________________

[ ] Consent should be modified

[ ] The currently enrolled participants should be re-consented

[ ] The requested amendments affect the level of risk to the human subjects (enrolled or to be enrolled)

[ ] Approved

[ ] Not Approved

Review process:

[ ] Full Board Review  [ ] Expedited Review  [ ] Exempt

Reviewer’s name: __________________________________________________________

Signature: ____________________________________________________________  Date: ________________

Reviewer’s comments: