**DO NOT DELETE OR ALTER ANY PART OF THIS FORM**

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| **HRPP USE ONLY** | |
| **IRB #:** |  |
| **Rec. Log:** |  |

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| **REQUEST FOR AMENDMENT** |

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| **Principal Investigator:** | [REQUIRED FIELD] |
| **Study Title:** | [REQUIRED FIELD] |
| **IRB #:** |  |

**Instructions:**

* Do not implement changes **prior** to approval/exempt certification.
* Read the guidance provided below before answering the questions.
* Do not leave questions/[REQUIRED FIELD] blank; write or check "**N/A**" if not applicable.

**Before submitting, please ensure the following applicable supporting materials are complete and included in your submission:**

* **Application**
* **Addenda**

*For index of all HRPP addenda, please click* [*here*](https://irb.wsu.edu/forms/)*.*

* **Recruitment materials**

*For guidance on recruitment materials, please click* [*here*](https://irb.wsu.edu/documents/2021/01/recruitment-and-advertising-guidance.pdf)*.*

* **Informed consent materials/permission/assent materials**

*For guidance on consent, please click* [*here*](https://irb.wsu.edu/consent-form-guidance/)*.*

* **Data collection materials** (e.g., surveys, questionnaires, interview scripts, tools, measures, etc.)
* **Letters of institutional support/approval**
* **Debriefing scripts**
* **CITI training course certificates**

*For guidance on CITI training requirements and registration, please click* [*here*](https://irb.wsu.edu/training/)*.*

**How to submit:**

* All submissions must be emailed to [irb@wsu.edu](mailto:irb@wsu.edu).
* Please have the subject line read as: **“Amendment submission, IRB ##### “Title”.”**
* Submissions **must** be sent from a WSU email account.
* Submissions should be sent by the **PI**. If someone other than the PI (e.g., a graduate student, post doc, co-PI, or staff) is submitting the application on behalf of PI, the PI **must** be copied as a recipient.
* When submitting, please submit all supporting material attachments as **PDF** or **Word** documents only with all changes highlighted for review comparison.

**Do not submit:**

* Links (e.g., social media sites, etc.)
* Documents via cloud sharing platforms (e.g., SharePoint, Google Drive, etc.)
* Zip files
* Documents with tracked changes or comments.

**Please note:**

* Submissions are processed in the order in which they are received.
* Submissions that include an incomplete application or that are missing supporting materials **cannot** be sent out for review and may result in a delay in your data collection. In the case of this event, you will receive an “Addition Materials Request (AMR)” notice indicating the corrective action needed.

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| 1. **AMENDMENT DESCRIPTION** |

1. **Select all parts of the research application or supporting materials that have been changed or updated:**

**Amendment to currently approved procedures on the application (e.g., changes to general information section, data collection methods section, confidentiality section, subject recruitment section, risk and benefits section etc.)**

**Amendment to Recruitment materials**

**Amendment to Addenda**

**Amendment to currently approved consent/Assent/Permission forms**

**Amendment to Debriefing forms**

**Amendment to Data collection tools**

**Amendment to Investigator brochure**

**Other (please specify):** [REQUIRED FIELD]

1. **List and describe the proposed changes to each document or sections on the application:** [REQUIRED FIELD]
2. **State the reasons for the proposed changes:** [REQUIRED FIELD]

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| **2. RISKS** |

1. **Select all potential risks to the participants as a result of this amendment:**

**N/A**

**Invasion of privacy to the subject or family**

**Breach of confidentiality**

**Physical harm or discomfort**

**Psychological/emotional discomfort** **or distress**

**Psychological effect that is more than discomfort or distress**

**Social stigmatization**

**Economic (e.g., employment, insurability)**

**Legal**

**Any study related activity which subjects might consider sensitive, offensive, threatening, or degrading**

**Withholding standard care and procedures**

**Significant time or inconvenience**

**Other (please specify):** [REQUIRED FIELD]

1. **Indicate the change in risk:**

**N/A**

**Not greater than minimal risk**

**Greater than minimal risk but presenting the prospect of direct benefit to individual subjects.**

**Greater than minimal risk, no prospect of direct benefit to individual subjects, but likely to yield generalizable knowledge about the subject’s disorder or condition.**

**Research not otherwise approvable which presents an opportunity to understand, prevent, or alleviate a serious problem affecting the health or welfare of subjects.**

1. **Describe how will you minimize or handle these potential risks to protect subjects' rights and welfare (e.g., compensation, counseling, etc.):** [REQUIRED FIELD]
2. **Is it possible that you will discover a subject's previously unknown physical or psychological condition (e.g., disease, depression, suicidal ideation, genetic predisposition, etc.) as a result of your revised procedures?**

**No**

**Yes**

***If yes, complete (a)***

1. **Explain in detail what previously unknown physical or psychological condition you may discover as a result of your revised procedures and how you will handle these situations:** [REQUIRED FIELD]

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| **3. BENEFITS** |

1. **Is there a change in benefits because of this amendment?**

**No**

**Yes**

***If yes, complete (a-c)***

1. **Describe the expected benefits of this amendment** **to the individual subjects:** [REQUIRED FIELD]

***PLEASE NOTE:***

*Compensation is* ***not*** *considered a benefit.*

1. **Describe the expected benefits of this amendment to society:** [REQUIRED FIELD]
2. **Describe how the benefits of this amendment outweigh the increased risks to the participants:** [REQUIRED FIELD