



**FRIENDS RESEARCH INSTITUTE, INC.  
INSTITUTIONAL REVIEW BOARD  
1040 Park Avenue, Suite 103  
Baltimore, Maryland 21201  
410-837-3977 (phone) 410-752-4218 (fax)**

**Application for an Amendment (Change)/Addendum (New)**

Name of Investigator:

IRB Study #:

Title of Protocol:

Date of Submission:

Date of Initial Approval:

Date of Last Continuing Review Approval:

**Please submit this completed form, along with the revised/new documents to the IRB office.  
For amendments, please provide a track changes version of the revised document.**

1.	<p>Please check the component(s) or protocol element(s) to be changed.</p> <p><input type="checkbox"/> Protocol Title</p> <p><input type="checkbox"/> Principal Investigator (For a change in PI, the signatures of both new and old PI are required on this form)</p> <ul style="list-style-type: none"> <li>• Attach an additional letter from the new PI indicating the change in responsibility of research</li> <li>• Attach the new PI's CV and training certificate in the protection of human subjects/participants (CITI or NIH course)</li> </ul> <p><input type="checkbox"/> Additional Investigators</p> <ul style="list-style-type: none"> <li>• Attach the individual's CV and training certificate in the protection of human subjects/participants (CITI or NIH course)</li> </ul> <p><input type="checkbox"/> Research design, methods or procedures, study population, compensation</p> <p><input type="checkbox"/> Recruitment procedures, addition of/change to recruitment materials</p> <p><input type="checkbox"/> Addition of/change to surveys, questionnaires, or other research instruments</p> <p><input type="checkbox"/> Consent procedures, addition of/change to informed consent/assent document(s)</p> <p><input type="checkbox"/> Other changes</p>
2.	Please describe the requested change(s).
3.	What is the rationale for the above change(s)? Please describe any potential benefits of these changes.
4.	Is this proposal the result of an adverse event or unanticipated problem? <input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Do these changes alter, in any way, the assessment of potential risks described in your original protocol? If yes, how?
6.	Do these changes involve information that might relate to a subject's willingness to continue to take part in the research? <input type="checkbox"/> Yes <input type="checkbox"/> No
7.	How will subjects be notified of these changes?

Your amendment/addendum may be eligible for expedited review if it is a minor change in previously approved research during the period (of one year or less) for which approval is granted. Under an expedited review procedure, the review may be carried out by the IRB Chairperson or by one or more experienced reviewers designated by the chairperson from among members of the IRB.

The expedited review procedure may not be used where identification of the subjects/participants and/or their responses would reasonably place them at risk of criminal or civil liability or be damaging to the subjects/participants' financial standing, employability, insurability, reputation, or be stigmatizing, unless reasonable and appropriate protections will be implemented so that risks related to invasion of privacy and breach of confidentiality are no greater than minimal. The expedited review procedure may not be used for classified research involving human subjects/participants.

\_\_\_\_\_  
Principal Investigator's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
New Principal Investigator's Signature (if applicable)

\_\_\_\_\_  
Date