



## Institutional Review Board Protocol Amendment Form

This form must be completed and submitted to the IRB for review before any changes can be made in the project that differ from what was presented and approved by the IRB.

Date: TODAY'S DATE

Principal Investigator: INDICATE PRINCIPAL INVESTIGATOR

IRB Project #: ENTER PROJECT NUMBER Number of Subjects: ENTER NUMBER OF SUBJECTS

Project Title: Analyzing the Attitudes of SmartRxU Trainers and their Students

**Describe changes to protocol:** Explain in detail your reasons for requesting these changes and which part(s) of the approved protocol will be amended. If adding a new site, attach the appropriate letter(s). If adding new investigators, the principal investigator and all new co-investigators must sign this form. Attach a copy of the revised drug protocol (when appropriate) with revised sections bracketed.

DESCRIBE CHANGES HERE.

**Describe changes to the consent form:** Explain which section(s) of the consent are being changed. Attach a copy of the latest approved consent, a revised and bracketed copy showing changes, and a new clean copy for approval and stamping.

DESCRIBE CHANGES TO CONSENT FORM HERE.

By signing below, I acknowledge that the changes have not been made and will not be made until this form has been reviewed and the proposed changes herein have been approved by the IRB.

Principal Investigator: \_\_\_\_\_  
Signature Date

New/Other Investigator: \_\_\_\_\_  
Signature Date

New/Other Investigator: \_\_\_\_\_  
Signature Date

New/Other Investigator: \_\_\_\_\_  
Signature Date