

Request for Amendment to Currently Approved Protocol
Texas A&M University-Commerce Institutional Review Board (IRB)
[Texas A&M University-Commerce IRB Website](http://www.tamuc.edu/irb)

| Office Use Only | |
|---|--|
| <u>For Expedited and Full Protocols</u> <div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><input type="checkbox"/> Approved</div><div style="width: 45%;"><input type="checkbox"/> Disapproved</div></div> | <u>For Exempt Protocols</u> <div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><input type="checkbox"/> Validated as continuing to meet the criteria for Exempt status</div><div style="width: 45%;"><input type="checkbox"/> Not validated as continuing to meet the criteria for Exempt status</div></div> |
| Comments/Recommendation: Date: _____ Signature: _____ | |

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|---|--------------------------------------|
| IRB Protocol #: _____ | Principal Investigator: _____ |
| Student Investigator (if applicable): _____ | |
| Protocol Title: _____ | |
| Original Approval Date: _____ | Department: _____ |
| Principal Investigator TAMUC Email Address: _____ | |
| Student Investigator TAMUC Email Address (if applicable): _____ | |

TYPE OF AMENDMENT REQUEST (Check all that apply.)

NOTE: Be sure to **attach the new consent** form and/or **any revised document(s)**, as applicable, with changes highlighted or **electronically shaded**.

- | | |
|---|---|
| <input type="checkbox"/> Protocol Change or Amendment | <input type="checkbox"/> Change to Data Collection Tools or Procedure |
| <input type="checkbox"/> Change to Subject Selection Criteria | <input type="checkbox"/> Consent Form Changes |
| <input type="checkbox"/> Subject Recruitment Methods | <input type="checkbox"/> Editorial/Administrative/Personnel Changes |
| <input type="checkbox"/> Other (please specify): _____ | |

SUMMARY (Provide a brief description of changes and rationale.)

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|--|--------------------|
| Instructions for Submission of Amendment Request: You may submit this electronically to ResearchCompliance@tamuc.edu | |
| <input type="checkbox"/> I am the Principal Investigator (PI). I am submitting this form electronically and this submission constitutes my signature. | |
| Signature of PI: _____ | Date: _____ |