

*CHANGE IN PROCEDURE  
APPLICATION*

Type all answers

NOT TO BE USED TO CHANGE PRINCIPAL INVESTIGATOR

Date of last IRB review: \_\_\_\_\_

Was Additional Institutional Approval originally obtained? (e.g., from School, Hospital, etc.)

Y \_\_\_\_\_ N \_\_\_\_\_ (If Yes, please attach).

Please check appropriate changes: \_\_\_\_\_ Addition

\_\_\_\_\_ Revision

\_\_\_\_\_ New Title

\_\_\_\_\_ Revised Informed Consent

\_\_\_\_\_ Other \_\_\_\_\_

(Attach a complete copy with all additions/revisions/changes highlighted.)

1. General Information

Principal Investigator: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone/Fax #: \_\_\_\_\_

Dept. College \_\_\_\_\_

Committee Members \_\_\_\_\_

2. Project Information

Title of Project: \_\_\_\_\_

3. Amendment Information - Please Complete Entire Section

a. Describe the proposed additions/revisions in appropriate detail:

b. Describe any significant change in the risk/benefits for the participants from these additions/revisions:

c. Have you revised the Informed Consent to include any of the additions/revisions?

Y \_\_\_\_\_ N \_\_\_\_\_

If yes, please attach a copy of the revised consent form and highlight all revisions.

4. Change in Dissertation Committee Membership

Your acknowledgment is requested to assure the Argosy University's Institutional Review Board that you are aware of the existence and status of this research activity and that you agree to the statements made in the original IRB application including the "Statement of Assurance."

\_\_\_\_\_  
Committee Member (Print Name)

\_\_\_\_\_  
Committee Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Committee Member (Print Name)

\_\_\_\_\_  
Committee Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Committee Member (Print Name)

\_\_\_\_\_  
Committee Member Signature

\_\_\_\_\_  
Date

5. Principal Investigator Statement of Assurance

"I understand that I cannot initiate any changes in my approved protocol before I have received approval and/or complied with all contingencies made in connection with that approval."

Signature of Principal Investigator

Date

Please return this application and any attachments to:

Attn: Institutional Review Board

Argosy University, San Francisco Bay Area

999A Canal Boulevard

Point Richmond, CA 94804

Argosy University, San Francisco Bay Area

IRB# \_\_\_\_\_ Date Rcvd \_\_\_\_\_