**Institutional**

**Review**

**Board**

**Mercy College of Health Sciences: Institutional Review Board (IRB)**

**Request to Amend/Revise a Study\***

**\*A study which has already been approved by the Mercy College Institutional Review Board (IRB).** If you have questions regarding this form, please contact the IRB at [IRB@mchs.edu](mailto:IRB@mchs.edu).

Date:

Principal Investigator:

Email:

Phone Number:

Study Title:

IRB Reference #:

Study Site:

Co-Investigator, if applicable:

**Amendment Basic Information**

**See below for guidance on whether this submission qualifies for expedited review.**

*An Expedited Review is indicated for research involving no more than minimal risk, does not enroll study participants from vulnerable populations, or if a review is requested for minor changes in previously approved research or research protocols. For a research project meeting the criteria set out in 45 CFR 46.110, the IRB will determine that all of the review requirements are satisfied.*

**Type of review requested by Principal Investigator:**

Expedited \_\_\_ Full Review \_\_\_

**Provide a brief descriptive summary of submitted changes to the study.**

**Provide any additional attachments to support the amendment request, such as:**

* Revision to Protocol
* Change in Personnel
* Additional handouts or information provided to participants
* Changes to Informed Consent form

(continued on next page—Signature)

Updated: 4.13.2021

**Signature**

I am submitting this form in accordance with the policies of Mercy College of Health Sciences IRB. I understand that I cannot initiate any changes in my protocol before I have received approval (expedited or full board review) and/or complied with all contingencies made in connection with that approval.

Upon approval by the IRB, this Amendment/Revision will, along with all existing approved materials, constitute a full and accurate description of the research study I am conducting.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_