

GRCC Institutional Review Board Research Amendment Request Form

Any and all modifications to GRCC IRB approved research must be reviewed and approved prior to implementation in the research. Please note that some significant modifications may require a new IRB application be submitted and reviewed by GRCC IRB. This determination will be made based on the information provided in the Research Amendment Request Form. Researcher(s) will be notified in writing by GRCC IRB.

General Information

1. Title of the research project: _____
2. GRCC IRB approval date for this research project: _____
3. Name of the Primary Investigator (PI): _____
4. Primary Investigator's work mailing address: _____
5. Primary Investigator's email address: _____
6. Primary Investigator's phone number: _____
7. Name of Co-Investigator: _____
8. Co-Investigator's work mailing address: _____
9. Co-Investigator's email address: _____
10. Co-Investigator's phone number: _____

Requested Amendment Information

1. Please select the areas you are requesting to make modifications to your GRCC IRB approved research (please select all that apply):
 - Change to number of participants
 - Change in inclusion or exclusion criteria of participants
 - Change in recruitment materials and/or incentives
 - Change in informed consent (process, form, etc.)
 - Change in research design, methods/procedures
 - Change in participant involvement/activities in the research
 - Change in data collection materials (surveys, interviews, questionnaires, assessments, etc.)
 - Change in research personnel
 - Change in data storage
 - Other changes, please specify _____

For each area selected above, please describe the modification(s). Please also provide a copy of all revised and/or new documents as attachments.

2. For each identified area of modification, please describe the reason(s) for the proposed modifications.

3. If this research project has been granted IRB approval from another institution, have you submitted a modification request to this IRB? If so, please provide status (e.g., approved, pending). If not, please provide information on when you will be submitting a modification request to this IRB.

I certify that the information provided in this form and attachments is complete, and all proposed changes/modifications to the research are accurately described. I also certify that the modifications have not yet been used/implemented, and will not be until IRB approval for these changes has been received.

Principal Investigator Signature: _____ Date: _____

Co-Investigator Signature: _____ Date: _____