

**Northwestern State University
Institutional Review Board
Amendment Request Form**

(Rev. 2023.07.17)

Directions: Each section of the form below contains information on the Amendment Request if applicable, that occurred in the study since the last protocol review. Please read and complete each section carefully; a form missing information (or otherwise incomplete) will be returned for revision.

Research	
Title of Project:	
Protocol Number:	
Original Approval Date:	
Personal Information	
Principal Investigator (PI)	Last Name: _____ First Name: _____
PI NSU Email:	
PI Phone Number:	
Faculty Advisor (if applicable)	Last Name: _____ First Name: _____
Faculty Advisor NSU Email:	
Faculty Advisor Phone Number:	
Amendment Request	
Have there been any changes in the study subjects?	No Yes
If yes, check ALL that apply:	Numbers
	Age range
	Gender
	Ethnic identity
	Other (specify):
Were there any changes to the method of recruitment of subjects since the last IRB approval?	No Yes
If yes, provide details:	

Have the procedures or protocols changed in any manner since the last IRB approval?	No Yes
If yes, provide details:	
Have there any complications involved in the study since the last IRB approval?	No Yes
If yes, provide details:	

Certification

I certify that the information provided on this form is complete and accurate. I agree to accept responsibility for the ethical conduct of this study. I also agree to notify the NSU IRB, within 10 business days after the end of all human subject recruitment and data collection activities, that the study has closed. In addition, I agree that all data collected from the human subjects will be stored securely and maintained for a minimum of 3 years from the date of the study close. Finally, I certify that I do not have any conflict of interest with this study.

Signatures (NOTE: PI and Faculty Sponsor--Type full name and date)

Principal Investigator:

Date:

Faculty Sponsor (if applicable):

Date: