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Description automatically generatedThe University of Mississippi**

**Office of Research and Sponsored Programs**

***Division of Research Integrity Security and Compliance – Institutional Review Board***

**100 Barr Hall – University, MS 38677**

[**irb@olemiss.edu**](mailto:irb@olemiss.edu)

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| --- | --- | --- |
| **REQUEST TO AMEND AN IRB PROTOCOL** | | |
| **Title:** Click to enter text. | | |
| **Principal Investigator(s):** Click to enter text. | | |
| **Protocol Number:** Click to enter text. | **Original Protocol Approval Date:** Click to enter text. | |
|  | | |
| **1. Amendment type\* (check all that apply):**  Revision to currently approved *protocol –* Attach your updated protocol application with the incorporated changes  Revision to currently approved *consent form –* Attach consent form with incorporated change  Revision to/Addition of survey or other instrument – Attach survey/instrument  Add study site – Attach relevant documents  Other (e.g., advertisement) – Attach relevant documents  \*For personnel additions/deletions, please use the [personnel amendment form](http://www.research.olemiss.edu/irb-forms) | | |
| **2. Effect on risks (check one):**  This amendment *does not* increase risks to participants enrolled in the study.  This amendment *does* increase risks to participants enrolled in the study (provide Department Chair’s email for cc of approval notice: Click to enter text.) | | |
| **3. Identify request(s) and justification(s) by item and/or protocol question number and/or page number.**  Click to enter text. | | |
| **4. Is the PI a student?**  No  Yes (provide Advisor’s email for cc of approval notice: Click to enter text.) | | |
| By checking this box, I certify that the information provided in the amendment is complete and correct. As Principal Investigator, I have the responsibility for the protection of the rights and welfare of the human participants, conduct of the research, and the ethical performance of the project. **DATE:**  Click or tap to enter a date. | | |
| **For IRB office use *only*:**  For protocols determined to be Exempt:  **The above changes have been reviewed and the previously DETERMINED EXEMPTION for this protocol remains valid.**  For Expedited and Full Board protocols:  **APPROVED: This signifies notification of IRB APPROVAL of the amendment described above.** | | |
| Click to enter text. | | Click or tap to enter a date. |
| **IRB REVIEWER** | | **DATE**  **Amendment:**  \_ |

The amendment form, revised protocol, consent form, and/or other documents **with changes incorporated and listed above (and highlighted where possible)** should be uploaded via the online submission platform, found at : [**https://research.olemiss.edu/irb/submit**](https://research.olemiss.edu/irb/submit)