|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Change of Protocol** | **Change of Protocol AND Renewal of Approval** | | | | |
| **NOTE:** To be approved for BOTH a Change of Protocol AND Renewal of Approval, the project needs to be within 30 days of its expiration date. | | | | | |
|  | |  | | | |
| **HS number: HS-** | | *If PI is a student, complete this section:* | | | |
| Principal Investigator (PI): | | Responsible Project Investigator (RPI) | | | |
| Title: | | *(faculty/staff sponsor)*: | | | |
| Department: | | Department: | | | |
|  | |  | | | |
| Phone number: (   )    - | | Campus phone number: (   )     - | | | |
| E-mail: | | E-mail: | | | |
| Project title: | | | | | |
|  | | | | | |
| **CHANGE OF PROTOCOL** | | | | | |
| Briefly describe and explain the reason(s) for the change(s) to the protocol (may attach a separate document): | | | | | |
| Does the new protocol alter the level of risk for the subjects or change the subject population to a more vulnerable one?  Y  N  Please explain answer: | | | | | |
|  | | | | | |
| **RENEWAL OF APPROVAL** | | | | | |
| Provide: Original approval date:      /      /      Revised expected end date:      /     / | | | | | |
| Was the research originally scheduled for completion within a year from the date of first approval?  Y  N  *If yes*, why has it not been completed? (may attach a separate document)    Provide a revised expected timeline for completion of the project: | | | | | |
|  | | | | | |
| I certify that the information provided above is accurate and the project will be conducted in accordance with applicable Federal, State and university regulations: | | | | | |
| PI Signature *(unnecessary signature lines can be deleted)*:   |  |  | | --- | --- | |  |  | |  |  | |  |  | |  |  | | | | | | Date: |
| Submit this original, signed to the Institutional Review Board through e-mail to IRB@ewu.edu | | | | | |
|  | | | | | |
| **Recommendations and Action:** | | | **Date** | **Approve/Disapprove** | |
| RPI Signature *(Needed only if PI is a student)*: | | | | A D | |
| IRB Rep. or Dept.:  *(Needed if PI is a student OR for faculty PI if required by department)* | | | | A D | |
|  | | | |  | |
| IRB Signature: | | | | A D | |
| Subject to the following conditions: | | | |  | |
|  | | | | | |
| Approval of change as of Click or tap to enter a date. through anniversary of current approval Click or tap to enter a date. | | | | | |
|  | | | | | |
| Period of renewal approved from Click or tap to enter a date. through next anniversary of current approval Click or tap to enter a date. | | | | | |