



AMENDMENT FORM

Principal/Overall Investigator:	Email:
Research Study Title:	
CPHPR Protocol Number:	Amendment Number:
	Amendment Date:

Please check the box on the left for all applicable items that are being changed in the protocol:

<input type="checkbox"/>	Consent Form	<input type="checkbox"/>	Recruitment Procedures
<input type="checkbox"/>	Consent Procedures	<input type="checkbox"/>	Duration of Study
<input type="checkbox"/>	Investigator	<input type="checkbox"/>	Questionnaires
<input type="checkbox"/>	Co-Investigator(s)	<input type="checkbox"/>	Eligibility Requirements
<input type="checkbox"/>	Project Staff	<input type="checkbox"/>	Compensation
<input type="checkbox"/>	Protocol Version	<input type="checkbox"/>	Research Related Use of Medical Records
<input type="checkbox"/>	Sponsor	<input type="checkbox"/>	Research Related Use of Discarded Material
<input type="checkbox"/>	Number of Participants	<input type="checkbox"/>	Use of Specimens
<input type="checkbox"/>	Source of Participants	<input type="checkbox"/>	Required Test
Protocol Title:			
Other (please describe)			



AMENDMENT FORM

Protocol amendments frequently require revising documents used to guide and/or recruit participants. Please attach all documents that have been revised as a result of this amendment. Indicate by checking the box to the left below all documents appended.

<input type="checkbox"/>	Revised Protocol (New Version)
 Protocol Version: Version Date:	
<input type="checkbox"/>	Revised Consent Form
<input type="checkbox"/>	Sponsored Letter with Description of Changes
<input type="checkbox"/>	PI Memo Describing Changes
<input type="checkbox"/>	Revised Advertisement
<input type="checkbox"/>	Other (please describe)

Please fully describe your amendments below. List the current item followed by the new or revised item including a reason or justification for the change. Include a discussion of how the change might affect the integrity of the protocol and the risk/benefit ratio.

Current Item:	Revision:	Reason:



AMENDMENT FORM

Current Item:	Revision:	Reason:

Principal Investigator’s Signature: _____

Date: _____



AMENDMENT FORM

CPHPR OFFICE USE ONLY

This Amendment was reviewed on the following date:

ACTION TAKEN:

APPROVED

APPROVED PENDING REVISIONS

DEFERRED

NOT APPROVED

FULL CPHPR REVIEW

EXPEDITED REVIEW

This Amendment was reviewed by:

CPHPR Chair's Signature: _____

Date: _____

CPHPR PROCEDURE FOR NOTIFYING INVESTIGATOR OF APPROVAL OF AMENDMENTS:

The CPHPR will return a date-signed PDF copy of this form to you by e-mail. You will receive no further notification of CPHPR review unless changes to the protocol or consent form are required.