



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:

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



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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:



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Current Item:	Revision:	Reason:

Principal Investigator's Signature: _____

Date: _____



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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.