NewYork-Presbyterian Queens

Theresa & Eugene M. Lang Center
For Research & Education

Request for IRB Review

This form must be completed and approved prior to implementation of requested changes. Submit the original form and required attachments to the IRB office. Incomplete submission may result in a delay of IRB review.

Principal Investigator:	**IRB File #:**
Title of Protocol:	

Type of Change(s):

x **Amendment**
Amendment #: _____ Date: _____

x **Informed Consent:**
_____
_____
_____

Subject Materials:

x **Other:**
_____
_____
_____.

Will the modification(s), in your opinion increase or decrease the risk of harm to the subjects?

☐ Increase ☐ Decrease ☐ Neither

If risk will be increased, provide justification:

_____ _____

Principal Investigator Signature **Date**

IRB Use Only	
Please review the attached documents and indicate the IRB's determination. ☐ No modifications are required at this time ☐ New information requires full board review ☐ Modifications are approvable as submitted ☐ Modifications (if other than above) are required as follows (SPECIFY):	
IRB Reviewer's Printed Name:	**Date**
IRB Reviewer's Signature	