<u>REVISED</u> RESEARCH PROTOCOL FOR APPROVED AND CURRENTLY ACTIVE EXEMPT OR EXPEDITED PROTOCOLS
FOR THE COLLEGE OF SAINT ROSE
INSTITUTIONAL REVIEW BOARD FOR RESEARCH WITH HUMAN PARTICIPANTS

This form should be used if you have previously had an expedited or exempt protocol approved and you wish to make minor changes to the protocol. This form should only be used if study approval is still valid (i.e., it has been no longer than a year since the study was approved). If the protocol was originally submitted as a full board review protocol, you must resubmit the changed protocol as if it were a new protocol and may not use this form. Using this form does not change the original end date for approval of the research study.

Note:

- If the project was previously approved as an exempt protocol, the proposed change must not change the exempt status of the project. If the proposed change negates the exempt status of the protocol, then this form cannot be used and a new, expedited protocol should be submitted.
- If the project was previously approved as an expedited protocol, the proposed change must not change the expedited status of the project. If the proposed change necessitates that the protocol be submitted for full board review, this form cannot be used and a new, full board review protocol should be submitted.

1. Name of Primary Investigator(s): _____

2. Email Address: _____

3. Phone #: _____

4. Date of Revised Application: _____

5. Project Title: _____

6. IRB Protocol Number of the Original Approved Project: _____

7. What this protocol submitted as an (please check one):
   ____ exempt protocol
   ____ expedited protocol

8. Please attach a detailed summary of the proposed changes to you protocol. In addition, please attach a copy of your current, approved IRB protocol with all changes highlighted. Please indicate any relevant details. For example, if a new scale is being added to the protocol, please attach the new scale. If a new sample is being added, please indicate how this sample will be chosen, how participants will be approached, etc.

9. Do these proposed changes create additional risk for participants that was not present in the previously approved protocol?
   ____ no
   ____ yes (if yes, please explain the additional risk in the space below and explain how this risk is to be minimized/mitigated)

Please email the completed form and any applicable attachments to the current IRB chair.