

Request for Changes to Approved Research (Amendments to Approved Protocols)

All research involving human subjects carried out at New York University Abu Dhabi or by a member of the University community must be reviewed and approved by the New York University Abu Dhabi Institutional Review Board (NYUAD IRB) before being initiated, as must any changes to already approved or approved as exempt projects. Investigators wishing to make changes must apply to the NYUAD IRB in writing for approval. Requests for approval of changes should include:

1. A completed Amendment Form must be signed by the Principal Investigator.
2. For projects that require changes to any recruiting materials or documents given to participants that are affected by the changes such as: recruitment flyers, handouts, consent, assent, and parental permission forms, introductory letters, telephone scripts or questionnaires, please submit:
 - One copy of the material or document currently approved and in use (copies of consent and parental permission forms should contain the approval stamp), plus
 - One copy of each of the documents that reflect changes due to the modification or amendment (highlight changes with a marker), plus
 - One clean copy of each of these same documents for the NYUAD IRB administration to stamp.

Once the request is received, the NYUAD IRB will review the amendment. The NYUAD IRB may approve it as submitted, may request additional information from the investigator, may refer it full Committee review, or may request that the investigator submit a revised *Application for Review* or a new application.

When the amendment is approved, an approval letter will be sent to the investigator. Approval of an amendment does not alter the date of the protocol's approval period.

If you have questions, please feel free to contact the Office of the New York University Abu Dhabi Institutional Review Board at 02-628-4313 or IRBnyuad@nyu.edu.

To: **New York University Abu Dhabi Institutional Review Board**

PI Name:

Project Title:

IRB Protocol #:

Date:

Please describe any proposed amendment in detail; include the reason for the proposed change, and any impact on risk or benefit to participants (use additional pages as necessary).

Please check all that apply:

___ I have attached an Informed Consent/Parental Permission Form(s), Assent Script, or Project Summary that will be used **in addition** to the current one(s).

___ I have attached an Informed Consent/Parental Permission Form(s), Assent Script, or Project Summary that **will replace** the current one(s).

___ The proposed modification does not call for changes in the Informed Consent/Parental Permission Form(s), Assent Script, or Project Summary.

Signature of Principal Investigator (OR Student Investigator)

E-mail Address

Campus/Local Telephone Number

Name of Faculty Sponsor, if applicable

Signature of Faculty Sponsor, if applicable