**Blessing-Rieman College of Nursing**

**Institutional Review Board (IRB)**

**Change in Protocol Form**

The purpose of this form is to inform the IRB of revisions to your study that significantly change its intent, processes, outcomes, risks, and/or role of participants.

Complete and submit this form by email to the Blessing-Rieman College of Nursing IRB at irb@brcn.edu.

Instructions for completing this form:

1. Save this form to your computer/laptop.
2. Fill out all of the items on this form. Incomplete or incorrectly completed forms will be returned to the principle researcher.
3. The form must be typed. Hand written forms are not accepted.
4. Submit this application as a **WORD** document; do not convert to a different file format such as PDF.

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| Type in the gray fields and check by typing X in the gray boxes. Remember to click “Save” to save your work. You will lose all information if you do not save before closing this form. |

Research Study Information

Title of Study

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IRB Number

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Principle Researcher Information

Principal Investigator

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Affiliation

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Telephone Contact

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Email Contact

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Faculty Mentoring/Supervising Research (for students only)

Faculty Mentor/Advisor

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Affiliation

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Telephone Contact

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Email Contact

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Nature of Revision to Study

Check all that apply.

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| --- | --- |
|  | Research questions. |
|  | Data collection procedure, including role of participants and instruments/measures. |
|  | Type of data collected. |
|  | Location of participants. |
|  | Characteristics of participants. |
|  | Recruitment and/or selection of participants. |
|  | Risk to participants. |
|  | Confidentiality, privacy, and anonymity of data. |
|  | Use of records. |

Describe the revision, including the reason for the change and discuss how risks will be minimized.

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Signature of Principal Investigator

Inserting Signatures:

1. Write your signature on a piece of paper.
2. Scan only the signature and make it a jpeg picture.
3. Insert (paste) the signature as a picture in the space provided.

|  |  |
| --- | --- |
| Date of Signature: |  |

Signature of Research (paste below)

Signature of Faculty Mentor/Advisor (students only)

Inserting Signatures:

1. Write your signature on a piece of paper.
2. Scan only the signature and make it a jpeg picture.
3. Insert (paste) the signature as a picture in the space provided.

|  |  |
| --- | --- |
| Date of Signature: |  |

Signature of Research (paste below)

|  |
| --- |
| IRB Use Only |

Type of Review

Check:

|  |  |
| --- | --- |
|  | Exempt |
|  | Expedited |
|  | Full |

|  |  |
| --- | --- |
| Date of Signature: |  |

Signature of IRB Chair or Designee (paste below)

Results of Application Review

Reviewers

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Check:

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|  | Change in protocol approved. |
|  | Change in protocol not approved. |

Comments to researcher and/or reasons for non- approval:

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| --- | --- |
| Date of Signature: |  |

Signature of IRB Chair or Designee (paste below)