

**Eastern University Institutional Review Board**  
**Protocol Amendment Form**  
*(To be completed by the Principal Investigator)*

Instructions: Inform the IRB via e-mail (irb@eastern.edu) of your intent to submit a Protocol Amendment form before completing this form. Once it is completed, submit it to the “Amendment to IRB Application” folder in the Assignments area on the IRB Brightspace site. Be sure to include attachments that help to explain the changes you are making (e.g. protocols, consent forms, survey questions or instruments, etc.).

***Type or print (answer all questions):***

Amendment date:

Principal Investigator:

Contact Person:

E-mail:

Phone:

Fax:

Sponsor:

Sponsor email address:

Title of Protocol:

Material revised/amended includes: (Check all that apply)

- Research Protocol
- Consent form
- Drug Information Sheets
- Other – Specify:

Briefly summarize changes:

**DECLARATION: I certify that I have reviewed the attached report and conclude that the risk-benefit ratio of the research continues to be acceptable, and that the risks are minimized to the greatest extent possible. By signing below, I certify that the information contained in this report is correct.**

Principal Investigator:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Faculty Sponsor: (if P.I. is a student)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Chair, Director, or Dean: (if P.I. is a faculty member)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**The EU-Institutional Review Board:**

\_\_\_\_\_  
IRB Chair Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date