For REC use only:

Full Board [ ]

Expedited [ ]

Proposal No. \_\_\_\_\_

**Request to Amend a Currently-Approved Project**

**Form # KSU-REC 012-E**

**Part 1 – Administrative Information:**

|  |  |
| --- | --- |
| Proposal Information | |
| **REC #** |  |
| **Title:** |  |
| **Contact Information** |  |
| **Principle Investigator name** |  |
| **Principle Investigator ID:** |  |
| **Email address:** |  |
| **College/Department** |  |
| **Status** | **□ Undergraduate □ Graduate Student**  **□ Post-Doctoral Fellow □ Faculty □Staff** |

**Part 2 – Amendment Information**

1. **Please select ALL the categories of amendment(s) you are requesting:**

**□** Change in Study Title.

□ Change in Principal Investigator.

□ Addition of/change in research personnel.

□ Addition of/change in funding source.

□ Change to research/study design.

□ Addition of/change to study population.

□ Addition of/change to survey(s), questionnaire(s), or other research tools (Please attach the original & the revised tool(s)).

□ Addition of/change to the identifiers collected in the study, or any others that would impact the privacy and confidentiality of the study participants.

□ Addition of/change to informed consent and/or procedures (Please attach the original & the revised documents).

□Other changes (specify) ……………………………………………………………………………………………………………

1. **For each category you have selected above, please describe the changes you are proposing:**

1. **Please state the reasons you are making amendments to the study:**

1. **Are any of these changes the result of something that occurred during human participant interaction or an unexpected event?** □ Yes □ No
2. **Will the proposed changes affect the risks or benefits to research participants?**

□ Yes □ No

***If yes, please explain:***

1. **Do these changes involve information that might relate to a subject’s willingness to continue to take part in the research?** □ Yes □ No

**Signature**

|  |
| --- |
| **Principal Investigator**  I certify that the information I provide in this application is correct and complete. I also pledge that I will not change any of the procedures, forms, or protocols used in this study without first seeking review and approval from the KSU-IRB.  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name/Signature of Principal Investigator Date**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name/Signature of New PI Date**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name/Signature of Co-Investigator Date** |

*For more information, please visit the website of the Research Ethics Committee in King Saud University http://dsrs.ksu.edu.sa/ar/comm\_Policies*