



UNITED TRIBES  
TECHNICAL COLLEGE

3315 University Drive  
Bismarck, North Dakota 58504  
701-255-3285

**UTTC Institutional Review Board (IRB) for Protection of Human Subjects  
Amendments to Previously Approved Research Application Form**

All amendments to currently approved research must be approved by the IRB prior to implementation, except when necessary to eliminate apparent immediate hazards to the human subjects. Researchers should allow approximately one month for modifications that require Full Committee review and approval of a major amendment and approximately one week for modifications that meet the criteria for expedited review and approval of a minor amendment. The IRB will determine the appropriate review level.

Project Title: \_\_\_\_\_

IRB Protocol # \_\_\_\_\_ Approval Date: \_\_\_\_\_

Principal Investigator (PI): \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Co-Investigator (if applicable) \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Protocol Change Requested:

Minor Changes	Major Changes
<input type="checkbox"/> Administrative change <input type="checkbox"/> Minor changes to consent form <input type="checkbox"/> Minor changes to recruitment procedures or materials, or new recruitment materials <input type="checkbox"/> Minor changes to study documents such as surveys <input type="checkbox"/> Editorial changes that clarify but do not alter the existing meaning of a document <input type="checkbox"/> New study documents to be distributed to or seen by subjects that are similar in substance to those previously approved <input type="checkbox"/> Addition of or changes in study personnel or site <input type="checkbox"/> Decrease in the number/volume of the sample but does not affect the risk/benefit of the study	<input type="checkbox"/> Changes that adversely affect the risk/benefit ratio or the study or specifically increase risk to subjects <input type="checkbox"/> Changes in inclusion/exclusion criteria that impact the risk/benefit ratio of the study. <input type="checkbox"/> Significant changes in study design, such as addition of a new population or elimination of study arm <input type="checkbox"/> New risk information that is substantial or adversely affects the risk/benefit ratio of the study <input type="checkbox"/> Significant changes to the study documents to be distributed to or seen by subjects <input type="checkbox"/> New study documents to be distributed to or seen by subjects that include information/questions substantively different from previously approved <input type="checkbox"/> New/revised financial conflict of interest management plans (e.g. change in PI or study design)

Provide rationale for protocol modification or change:

***Include the relevant modified study documents, recruitment materials, consent forms, and other pertinent documentation as applicable with this request.***

Approval of the change in protocol will not change the approval period of the study.

I certify that the statements herein are accurate and complete. I agree to protect the rights and welfare of the human subjects participating in my research, to abide by College guidelines for securing informed consent, to safeguard the confidentiality of my research data, and to inform the IRB Chairperson/Committee Member should any changes in the research protocol or issues arise with human subjects during the course of this research. I will keep a copy submitted to the IRB Committee. I will provide a copy of the de-identified data and the research results to the Office of Institutional Research upon completion of the research.

\_\_\_\_\_  
Signature of Principal Investigator

\_\_\_\_\_  
Date

I have reviewed this application and will continue to oversee this research in its entirety.

\_\_\_\_\_  
Signature of UTTC Sponsor (if applicable)

\_\_\_\_\_  
Date

Email form to [irb@uttc.edu](mailto:irb@uttc.edu)