Eastern University Institutional Review Board

Protocol Amendment Form

Amendment Date:

Principal Investigator:

Contact Person:

Sponsor:

E-mail: Phone: Fax:

Title of Protocol:

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

☐ Research Protocol ☐ Consent Form
☐ Drug Information Sheets ☐ Other – Specify:

Briefly summarize changes:

Signature ________________ Print Name ________________ Date ________________
Principal Investigator

Signature ________________ Print Name ________________ Date ________________
Faculty Sponsor (if P.I. is a student)

Signature ________________ Print Name ________________ Date ________________
Chair, Director, or Dean

Instructions:
After completing this form, you may submit it by email to the IRB for initial review. After obtaining all of the required signatures, please send a completed hard copy of the form and any supporting materials that will help explain the changes (including any revised consent form, if applicable) to the IRB at Mailbox 859, McInnis Hall, Eastern University, 1300 Eagle Road, St. Davids, PA 19087. Email: IRB@eastern.edu

The EU-Institutional Review Board approved this amendment on this date

Signature ________________ Date ________________
IRB Chair