

**Request to Amend  
A Currently-Approved Protocol**

**Lincoln Memorial University  
Institutional Review Board – Human Participants**

**Part 1 – Administrative Information**

Protocol Information

Protocol #:

Title:

Protocol approval date:

Approved as: Exempt  Expedited  Full

Investigator Information

Principal Investigator (PI):

Department or Affiliation:

Email address:

Name of chair/supervisor:

Email of chair/supervisor:

**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

Change to research/study design, methods or procedures (e.g., observations, interventions, collection of biological samples or biometric information, participant task, etc.)

Addition of/change to study population

Addition of/change to recruitment or compensation procedures(s)

Addition of/change to survey(s), questionnaire(s), or other research instruments – please attach the revised instrument(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/assent document(s) and/or procedures – please attach all related documents

Other changes

2. Please state the reasons you are making amendments to the study.

3. Are any of these changes the result of something that occurred during human participant interaction or an unexpected event?

No  Yes, please explain

4. Will the proposed changes have an impact on the risks or benefits to research participants?

No  Yes, please explain

5. Do these changes involve information that might relate to a subject's willingness to continue to take part in the research?

No  Yes, please explain

## Signature

This page is to be signed by the principal investigator. If the principal investigator is an undergraduate or graduate student, the faculty supervisor must also sign the lower box.

## Submission Information

**An electronic copy of the completed application and all supporting documents should be submitted to IRB@lmunet.edu. Handwritten or e-signatures will be accepted. Adobe Sign is the preferred signature method. For questions, comments, or assistance in completing the form, contact the ORGSP at 423-869-6834.**

Office of Research, Grants and Sponsored Programs  
Lincoln Memorial University IRB, Grant Lee 108  
6965 Cumberland Gap Parkway  
Harrogate, TN 37752

### *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 Institutional Review Board (IRB) for Human Participants.*

\_\_\_\_\_  
*Name/Signature of Principal Investigator*

\_\_\_\_\_  
*Date:*

\_\_\_\_\_  
*Name/Signature of Chair/Supervisor*

\_\_\_\_\_  
*Date:*

Level of approval of protocol modification    Exempt            Expedited            Full

Date of approval: \_\_\_\_\_

\_\_\_\_\_  
IRB chair signature:

\_\_\_\_\_  
Date: