

Mailing Address: 26455 Rockwell Canyon Road Santa Clarita, CA 91355 Physical Address: 26455 Rockwell Canyon Road Santa Clarita, CA 91355 Phone: (661) 362-5329 Fax: (661) 362-5600 E-mail: <u>IRB@canyons.edu</u>]

Submission of Instructions: Submit all documents including application electronic will be accepted. If changes are being made to the co the consent with tracked changes and clean copies of	onsent form, the application must include copies of	
Level of Review: Full Committee Exper	dited Review Category [Select]	
Please describe how the amendment qualifies for exp	edited review:	
(Refer to Investigator's manual for expedited review categories)		
1. IRB Protocol ID:		
2. Title of Study:		
3. IRB Amendment #:		
4. Principal Investigator (PI):		
Name:	Highest Degree Earned:	
Mailing Address:	Phone Number: () -	
City: State: Zip:		
	Pager / Cell Phone: () -	
	Fax: () - Email:	
Completion Date of Human Subject Protection Training:(MM/DD/YYYY)	Completion Date of Human Subject Protection	
Contact Person / Study Coordinator Name:	Highest Degree Earned:	
Mailing address (if different from PI):	Phone Number: () -	
City: State: Zip:		
	Fax Number: () -	
	E-mail:	

5. Have there been any changes in investigator personnel? No \(\subseteq\) Yes \(\subseteq\) If yes, specify addition and/or deletions:

		Completion Date of Human Subject Protection Training: (MM/DD/YYYY)	
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	Date of original IRB approval: / (MM/DD/YYYY)		
	Amended Protocol Version Date (if applicable): / / (MM/DD/YYYY)		
	Amended Consent form Version Date (if applicable): / / (MM/DD/YYYY)		
10.	0. Why is this amendment being submitted?		
	☐ In response to a series of adverse events?		
	☐ In response to suggestions from other investigators?		
	☐ To update the consent form?		
	Other (please describe):		
11.	1. Type of Changes (Check all that apply):		
	☐ Changes to protocol only		
	☐ Changes to the consent form only		
	Changes to both the protocol and consent form		
	Change in Funding Source		
	☐ Change in Investigator Personnel		
Sponsor generated Amendment			
	☐ Investigator generated amendment		
	Other (please describe):		
12.	Please provide a summary of all changes:		
13.	13. Does the amended protocol/consent reflect any change in the risk/benefit relationship? ☐ No		
	Yes (please explain):		
14.	Should subjects be notified of any significant new findings?		
	□ No		
	Yes (please explain):		
	Principal Investigator's Ce	rtification	
re	ignature certifies that the above titled research has been/will be conducted in full compliance with the DHHS/FDA Regulations equirements/policies governing human subject research. It is understood that any changes in the study/methodology which affect the subjects must be approved by the IRB prior to implementation.		
<u>S</u>	Signature of PI:		
D	<u>Date:</u>		

6. List of all Co-Investigators: (please use additional sheets if necessary):