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Submission of Instructions:

Submit all documents including application electronically. No handwritten applications or materials will be accepted. If changes are being made to the consent form, the application must include copies of the consent with tracked changes and clean copies of the consent.

Level of Review: Full Committee Expedited Review Category [Select]

Please describe how the amendment qualifies for expedited 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:	Pager / Cell Phone: () -
State: Zip:	Fax: () -
	Email:
Completion Date of Human Subject Protection Training:(MM/DD/YYYY)	
Contact Person / Study Coordinator Name:	Highest Degree Earned:
Mailing address (if different from PI):	Phone Number: () -
City:	Fax Number: () -
State: Zip:	E-mail:

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

