**Amendment Request Form**

**Institutional Review Board**

**American University of Central Asia**

Any change to an IRB approved research project, including research plan, consent process and form, methods of subject recruitment, and/or investigators, requires submission of an amendment request for IRB approval. State below the reasons for the change, description of the changes, and any relevant documents, such as revised instruments, questionnaires, letters of cooperation, informed consent forms, etc. Amendments to research project may not be initiated until IRB approval has been obtained for the amendment.

|  |  |
| --- | --- |
| Research Project Title |  |
| IRB Application Number |  |
| Approval Expiration Date |  |
| Principal Investigator | Name:  Email: |
| Supervising Faculty  (fill only for student research project/thesis) | Name:  Email: |

**SECTION A: CHANGES IN KEY CO-INVESTIGATORS 1**

1. Reason for Change in Co-Investigators

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1. Change of Co-Investigators

Addition of Co-Investigators

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| --- | --- | --- | --- |
| Name of New Co- Investigator: |  | | |
| Email: |  | Division: |  |
| Phone: |  | Program: |  |
| Student or Faculty |  | Institution/University: |  |

*If there are more than one new co-investigators to be added, copy an identical table and fill accordingly.*

Removal of Co-Investigators

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Current Co- Investigator: |  | | |
| Email: |  | Division: |  |
| Phone: |  | Program: |  |
| Student or Faculty |  | Institution/University: |  |

*If there are more than one current co-investigators to be removed, copy an identical table and fill accordingly.*

**1** Changes to Principal Investigator or Supervising Faculty is not encouraged. Unless there are extenuating circumstances, changes to Principal Investigator or Supervising Faculty may result in cancellation of approval and the investigators will need to submit a new IRB research project application. When in doubt, email [irb@auca.kg](mailto:irb@auca.kg).

# SECTION B: CHANGES IN RESEARCH PROTOCOL

1. Check “X” the appropriate boxes for the proposed changes

|  |  |
| --- | --- |
| 1. Research title |  |
| 1. Research purpose |  |
| 1. Funding |  |
| 1. Population of the research |  |
| 1. Subject selection criteria |  |
| 1. Procedures of the research |  |
| 1. Compensation |  |
| 1. Consent/assent processes/forms |  |
| 1. The supplementary documents (research tools, advertisement, etc) |  |
| 1. Others |  |

1. Reasons and detailed description of all the changes made for every item marked above.

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1. List added/changed documents. Stating clearly which documents is changed and which are added. Make your information as clear as possible

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| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| 6. |  |
| 7. |  |

1. Will the changes increase the risks to the participants of the research? If, yes, provide the details about the risks are minimized and procedures for informing the participants about it.

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| By stating my name and signing below. I acknowledge the information above and the accompanying documents for this amendment request are true. I undertake that no amendment will be implemented for this project until they are approved by AUCA IRB.    Principal Investigator’s Name and Signature\* Date    Co-Investigator Name and Signature\* (if applicable) Date    Co-Investigator Name and Signature\* (if applicable) Date    New Co-Investigator Name and Signature\* (if applicable) Date    Supervising Faculty Name and Signature\* (if applicable) Date  *If there are more than co-investigators, copy and insert new lines to provide their name, signature, and corresponding date.*  *\*Scanned images of signature may be admissible.* |