

Consent Change Request

Instructions: Please read and complete all sections carefully. Any missing or inconsistent information may result in a delay of your submission. For complex or large volume changes, please contact Compass IRB and request the current electronic template, so that you may submit a red-lined version of your requested changes.

Sponsor:	Protocol #:
Principal Investigator's Name:	
Compass IRB #:	

Modifications:

What is the reason for this change?
<input type="checkbox"/> Compensation change <input type="checkbox"/> Language preference <input type="checkbox"/> Change of phone numbers listed on consent form <input type="checkbox"/> Safety update <input type="checkbox"/> Study procedure update <input type="checkbox"/> Other:

Description:

Please describe the requested change to your consent. <i>For more complex or large volume changes, please contact Compass IRB and request the current electronic template, so that you may submit a red-lined version of your requested changes.</i>
Which consents should this change effect (e.g. Main ICF, Assent, Pharmacokinetic Testing ICF)?

Attached Documentation

Are you submitting any documents with this change request form? (Examples: updated drug brochure, patient instructions, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," please take this space to share with us?	

I, the submitting party, hereby certify that all the information in this document is accurate and that I am fully aware of my responsibilities with regard to the conduct of this study.

Submitting Signature:	
Name	Title
Signature	Date

COMPASS IRB INTERNAL USE ONLY:	CIRB Staff ID: _____
Is this request appropriate for review? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," please list reason that report is inappropriate for review:	
Decision of Reviewer:	
<input type="checkbox"/> Approved <input type="checkbox"/> Send to Full Board <input type="checkbox"/> Conditionally Approved / Approved with Changes <input type="checkbox"/> Call Site / Sponsor for discussion*	
Comments/Notes (as needed):	
Signature of Board Reviewer	Date
* If checked, please attach all follow-up documentation to this report and resubmit to Board Reviewer.	

Please mail, email to submissions@compassirb.com, or fax this form to (480) 832-7376.