Attachment C – UWL IRB Revision or Report Form

Reason for form submission (check all that apply):

Continuing review (full protocols only)  Study closure or end date change

Change in lead PI/PD  Change in protocol\*

Change to consent form\*  Adverse event(s)\*

\*Be sure to describe the changes on page 2 and attach any additional documentation.

Date: Click or tap to enter a date.

**Principal Investigator / Project Director** (currently on file in IRB office)

Name: Click or tap here to enter text.

Person ID or Student ID Number (if known): Click or tap here to enter text.

Email: Click or tap here to enter text.

Name of person completing the form, if not original lead PI/PD: Click or tap here to enter text.

Email: Click or tap here to enter text.

**Project Information**

Project Title (250 character maximum):

Click or tap here to enter text.

Date of original IRB approval letter: Click or tap to enter a date.

IRB Protocol ID #, if known: Click or tap here to enter text.

**Questions**

Yes  No Is this still an active study?

If no, what date did it end? Click or tap to enter a date.

Go to the end of the form, “sign”, and submit this form to [irb@uwlax.edu](mailto:irb@uwlax.edu).

Yes  No Is the end date of the study changing?

If yes, what is the new end date? Click or tap to enter a date.

Yes  No Are new participants still being entered or recruited for this study?

Yes  No Has or is the lead PI/PD changing?

If yes, who is the new PI/PD? List the name, person/student ID, email, and, if a UWL employee, the department/office.

Please begin list here:

Click or tap here to enter text.

Yes  No Prior to approval of your protocol, you submitted answers to several questions pertaining to your research. Would the answers today be identical to the answers originally given? If no, explain in the text box below.

Yes  No Should there be any changes in the consent form or consent process? If yes, explain in the text box below.

Yes  No Are you requesting changes to the consent form OR have you made any changes to the consent form that have not previously been approved? If yes, attach a copy of your consent form with the changes highlighted.

Yes  No Have any adverse events, unanticipated problems or untoward side effects, occurred in your study? If yes, explain in the text box below.

**EXPLANATIONS:**

Use this space to provide any needed explanations. (2,500 character, including spaces, limit) If you need additional space, please attach an additional page.

Click or tap here to enter text.

**SIGNATURE**

By typing my name below, I agree to continue my compliance with any decisions made by the University of Wisconsin-La Crosse IRB in regard to the above named research project and the standards of professional ethics in my field of study. To the best of my knowledge, the information I have provided in this form is complete and accurate.

Name: Click or tap here to enter text. Date: Click or tap to enter a date.

**NOTE:** You must copy all faculty advisors, thesis committee members, co-PIs, and co-PDs on the email in which you submit your Attachment C.

Are you submitting additional information?

Yes, informed consent document(s) – please append starting as page 4 of this document

Yes, additional information that did not fit in the explanations box – please begin below the dotted line.

No

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Click or tap here to enter text.