**CTRC Protocol Amendment Request Form**

* TAB between fields to type in or cut and paste the information requested below.
* The PI can “sign” the form by tabbing to the words “Sign by typing PI name here.” Simply type over the words with your name. Study coordinators must have permission of the PI to “sign” their name.
* Highlight the proposed change(s) in your protocol, consent form and/or other revised study documents and email them and this form as attachments to CTRCnurse@colorado.edu and Leonardo@colorado.edu
* When available, the new IRB-approved consent form and IRB Certificate of Approval reflecting these changes should also be emailed as a PDF attachment to the email addresses above.

**Date:** Date **IRB Protocol Number:** Protocol Number

**Principal Investigator:** PI Name

**CTRC Protocol Title:** Protocol Title

**REQUESTED PROTOCOL CHANGES: (Please itemize additions, deletions, protocol closure?)**

Protocol Changes

**JUSTIFICATION FOR THIS CHANGE:**

Justification for Change

**"Sign" by Typing PI Name here** **Type Date Here**

Principal Investigator signature Date

The requested protocol changes have been reviewed by the CTRC for feasibility.

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