PURPOSE
To define policies and procedures for reviewing an amendment to a previously approved protocol.

REVISIONS FROM PREVIOUS VERSION
Definition of amendments and minor administrative corrections

POLICY
Researchers may not initiate any changes in research procedures, consent/assent form(s), or other study related documents for non-exempt studies without prior IRB review and approval, except where necessary to eliminate apparent immediate hazards to the subject. Examples of amendments that require IRB review include, but are not limited to, changes in:

- Study personnel;
- Advertising materials (flyers, radio spots, etc.);
- Research procedures;
- Subject populations (e.g. increase in maximum enrollment or change in age range);
- Location where research will be conducted;
- Consent/assent forms;
- Recruitment procedures.

If the researcher makes protocol changes (i.e. amendments) to eliminate apparent hazards to the subject(s) without prior IRB approval, the researcher must immediately report the changes to the IRB for review (within 30 days) and a determination as to whether the changes are consistent with the subject’s continued welfare.

Researchers must promptly notify the IRB in writing of any change in a protocol’s status, such as discontinuation or completion of a study. See the Continuation Review SOP and the Study Closure SOP for procedures on reporting an activity status change to the IRB.

DEFINITIONS
Amendments are defined as changes in the IRB approved study documents.
RESPONSIBILITIES
Execution of SOP: Principal Investigator (PI)/Study personnel, IRB Chair, IRB, OIRB.

PROCEDURE
Submission of Amendments

1. The PI is responsible for submitting an amendment request (AM) using the Amendment Application Form prior to the implementation of any change.
2. To submit the AM, the PI completes the Amendment Application Form according to the instructions on the form and submits the form to the OIRB via IRBNet.

Screening of Submissions

1. The OIRB staff member receiving an AM screens the form and submission package.
2. If the request is incomplete, OIRB staff either returns the submission to the PI or requests additional clarifications from the PI. OIRB staff forwards the AM to the IRB, expedited reviewer or designated staff reviewer once the submission is complete.
3. If the AM references an instrument, apparatus, machine, implement or device, OIRB staff discusses the amendment with the OIRB Director to determine if the amendment involves use of a medical device under FDA jurisdiction (collecting safety or efficacy data). If so, the protocol will be forwarded to the IRB for further review.
4. If the AM references a drug, biologic, therapeutic dietary supplement, substance affecting structure or function of the body, or product intended to diagnose, cure, mitigate, treat, or prevent disease, OIRB staff discusses the amendment with the OIRB Director to determine if the amendment is under FDA jurisdiction (use beyond the course of medical practice). If so, the protocol will be forwarded to an appropriate IRB for further review.
5. If the AM adds vulnerable populations or requires documentation of specific regulatory findings, OIRB staff sends the appropriate checklists to the reviewer with the AM. For example, if the PI adds children as subjects, OIRB staff includes the Subpart D checklist.
6. If the AM requires consent/assent form changes, OIRB staff screens to ensure OIRB’s contact information appears on the form(s). OIRB staff may also screen the consent/assent form(s) to reflect any recent changes in the IRB template. OIRB staff alerts the IRB reviewer if the consent/assent form(s) are inconsistent with the template. The IRB has final authority for requiring consent/assent changes.
7. If the AM includes additions to study personnel, OIRB staff screens to ensure that all new study personnel have completed required human subject protections training. If not, OIRB staff informs the PI that he/she may not add the untrained personnel until they have completed required training. OIRB staff asks the PI whether he/she wishes to remove the individuals in question and continue with the AM. Alternately, the PI may choose to wait until the individual(s) in question complete the training. In that case, OIRB staff forwards the AM to the IRB (or designated staff reviewer) after training is completed.
Determining Mechanism of Review (Staff vs. Expedited vs. Full Review)

1. An AM will be sent for review following the procedures used for the initial approval, unless otherwise specified by the IRB.
2. If the sponsor or the PI specifically requests full review procedures, OIRB staff places the AM on an agenda for full review following procedures outlined in the Initial Full Review SOP.
3. If the AM does not require a full review, OIRB staff sends the AM with attachments and review checklists to the IRB Chair, designated IRB member or qualified staff (if administrative changes only as described below).
4. For expedited reviews, the IRB Chair or IRB member documents his/her determination regarding whether the IRB can review the AM using expedited or full review procedures on the Reviewer Checklist. If the change is minor, the IRB Chair or IRB member conducts the review using expedited procedures. A minor change is one which makes no substantial alterations in:
   - The level of risk to subjects;
   - The research design or methodology;
   - The subject population;
   - Qualifications of the research team;
   - The facilities available to support the safe conduct of the research; or
   - Any other factor that would warrant review of the proposed changes by the convened IRB.
5. If an AM is an administrative change, it can be reviewed and acknowledged administratively by OIRB staff. Administrative changes include:
   - Addition or removal of study team members (excluding the PI);
   - Changes to contact names and phone numbers in approved documents;
   - Changes to improve the clarity of statements or to correct typographical errors provided the requested change does not alter the content or intent of the statement;
   - Submission of study or consent documents translated into a foreign language and the required translation certificate(s).
6. Changes involving addition, removal, or modification of study procedures or information, changes to the protocol, study design, and/or consent form are not considered administrative changes.

Expedited/Full Review Procedures

1. The IRB Chair or an experienced IRB member conducts the review using standard expedited review procedures. The expedited reviewer exercises all the authority of the IRB except the reviewer cannot disapprove the AM. The listing of the item on the meeting minutes supplement serves to advise the IRB of the expedited review.
2. The IRB Chair or designated IRB member documents on the reviewer checklist his/her determinations regarding:
   - Eligibility for expedited review (including 45 CFR 46.110(b)(2), if applicable);
   - Whether the research meets the criteria for IRB approval at 45 CFR 46.111;
   - Whether proposed changes to the informed consent/assent process continue to meet requirements as set forth in 45 CFR 46.116 and 117 and 21 CFR 50.25; and
   - Whether the proposed changes affects any research categories of the currently approved protocol.
3. The IRB Chair or designated IRB member returns the AM and completed reviewer checklists to OIRB staff.

4. If the IRB Chair or designated IRB member recommends full review, OIRB staff places the AM on an agenda following procedures outlined in the Initial Full Review SOP.

5. The convened IRB reviews the AM following procedures outlined in the Initial Full Review SOP and applying the federal criteria for approval, as applicable, to the request.

6. For an AM involving prisoner research, a prisoner representative will be assigned as a primary reviewer, regardless of whether it is reviewed in a fully convened meeting or via expedited procedures.

Review Outcome(s)

1. For expedited review, the outcomes of review are the same as the options outlined in the Initial Expedited Review SOP. OIRB staff notifies the PI in writing of the IRB’s decision following procedures outlined in the Initial Expedited Review SOP.

2. For full review, the outcomes of review are the same as the options outlined in the Initial Full Review SOP. OIRB staff notifies the PI in writing of the IRB’s decision following procedures outlined in the Initial Full Review SOP.

3. If the IRB approves the AM, the end date of the approval period remains the same as that assigned at initial or continuation review.

4. If the PI has concerns regarding the IRB’s decision, the PI may submit his/her concerns to the IRB in a written document that includes a justification for changing the IRB’s decision.

REFERENCES

21 CFR 56.110(b)(2)
38 CFR 16.110(b)(2)
45 CFR 46.110(b)(2)
38 CFR 16.111
45 CFR 46.111
21 CFR 56.111
21 CFR 312
21 CFR 812