

Expedited Amendment Reviewer Checklist

PI's Name:	IRB#:	IRB Committee:
Initial Review Type:	<input type="checkbox"/> Expedited	<input type="checkbox"/> Exempt
		<input type="checkbox"/> Full Board

Expedited Review meets the following criteria	
Select all that apply	
<input type="checkbox"/>	A change that does not substantially alter the specific aims or design of the study
<input type="checkbox"/>	The addition of procedures that meet the applicability criteria and fall into one or more categories defined in “categories of research that may be reviewed by the IRB through an expedited review procedure”
<input type="checkbox"/>	A change that does not involve adding vulnerable subjects including children, prisoners, cognitively impaired, or mentally disabled participants
<input type="checkbox"/>	An increase or decrease in the proposed human research participant enrollment (for investigator initiated studies, the increase or decrease is supported by a statistical justification)
<input type="checkbox"/>	Modification to the inclusion or exclusion criteria that does not increase risks to participants, decrease potential benefits, or add a vulnerable population, or negatively impact the equitable selection of subjects.
<input type="checkbox"/>	Alterations in oral forms of administration of a drug, providing the dose remains constant
<input type="checkbox"/>	Changing data collection points or amounts of data collected as long as it does not alter safety evaluations
<input type="checkbox"/>	An increase in safety monitoring resulting in more frequent visits or an increase in the length of hospital stay
<input type="checkbox"/>	Changes to improve the clarity of statements or to correct typographical errors, provided that such a change does not alter the content or intent of the statement
<input type="checkbox"/>	Changes in compensation with proper justification
<input type="checkbox"/>	Study Closed to Accrual (No new participants will be enrolled)
<input type="checkbox"/>	Administrative Changes <input type="checkbox"/> The addition or deletion of study sites (VA cannot be added for eProtocol Submissions) see below
<input type="checkbox"/>	Data Safety Monitoring Minutes/Memo <input type="checkbox"/> Funding Source
<input type="checkbox"/>	Minor changes specifically requested by the IRB <input type="checkbox"/> Minor changes specified by DMC Affiliate review
<input type="checkbox"/>	Key Personnel Deletion <input type="checkbox"/> Key Personnel Addition (for Change in PI see checklist below) Full Board Studies Change in PI must be reviewed at full board meeting.
<input type="checkbox"/>	Submission of Appendix N with In-Person activities mitigation plan (Use the Appendix N reviewer checklist to complete review)
<input type="checkbox"/>	Other Changes:

Study Location Modifications

Addition of the following sites:

- DMC (DMC Review/Approval required-see attachments)
- Karmanos (PRMC Approval required-see attachments)
- VA (CIC Approval required-see attachments)
- Psychiatry (Psychiatry Approval required-see attachments)

If research is taking place outside of the PI's department a letter of support from that site/department will need to be provided.

Addition or Deletion of Off-Site locations:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If addition of Off-site are letters of support provided? Letter of Support Guidance Tool for researchers	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, is WSU the Coordinating Center? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete the Coordinating Center Checklist below.
Does this amendment meet the criteria for expedited review per 45 CFR 46.110? If No, for full board studies, the amendment must be referred to Full Board review	<input type="checkbox"/> Yes <input type="checkbox"/> No

Waivers or Alteration of Consent

If not applicable Select N/A and go to next section N/A

[Waiver/Alterations of Consent Worksheet/Guidance Tool for researchers](#)

	Yes	No	N/A
Using a Research Information a waiver of written documentation of consent is requested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiver for written documentation of consent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiver of consent and waiver of written document of consent to screen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alteration of informed consent <i>(Removing elements of consenting/or elements from the Research Information Sheet)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If a waiver or alteration of consent is requested (e.g., secondary data, database, chart review), has the PI provided protocol specific justification and have all the regulatory criteria been met?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If there is an alternative to written consent requested, is the justification stated and appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Expedited Studies Amendment Submission

If not applicable Select N/A and go to next section N/A

Does all changes fall within one or more expedited review categories or include changes do not affect participants (or their identifiable information)? Yes No

If No, the study must be referred to Full Board review

Exempt Studies Amendment Submission

If not applicable Select N/A and go to next section N/A

If the proposed changes are implemented, does the study remain exempt under 45 CFR 46.101(b) or the WSU "Flexible Review and Oversight of Research Not Covered by Federal wide Assurance" policy?

Yes No

If No, request a new study submission

Flexible Review & Oversight

If not applicable Select N/A and go to next section N/A

For studies previously given flexible review and oversight

If this amendment affects the study's eligibility for flexible oversight, how is it affected:

The study is no longer eligible for flexible review because:

The study is given a new expiration date: _____

Other:

Change in PI (Expedited & Exempt Studies ONLY)

If not applicable Select N/A and go to next section N/A

	Yes	No
Is this a Change in PI? (if yes go to Change in PI Checklist below)	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
COI SECTION: Has the proposed new PI indicated a conflict of interest?	<input type="checkbox"/>	<input type="checkbox"/>
COI SECTION: If yes, is the management plan attached? See Protocol Information-Attachments section. Review for information that must be included in the consent	<input type="checkbox"/>	<input type="checkbox"/>
COI Management Plan: If there is a management plan are there any additional conditions that should be added to the management plan? If yes, include with your eProtocol comments.	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
Change in PI checklist		
The reason for Change in PI is provided	<input type="checkbox"/>	<input type="checkbox"/>
The proposed PI's professional and education experience is appropriate to become PI of the study.	<input type="checkbox"/>	<input type="checkbox"/>
The new PI's CV is provided for the Protocol Information-Attachment's section	<input type="checkbox"/>	<input type="checkbox"/>
Documents have been provided revising the contact information to include the new PI's information (consent, assent, recruitment materials)	<input type="checkbox"/>	<input type="checkbox"/>

Coordinating Center Checklist

If not applicable Select N/A and go to next section N/A

	Yes	No
Have all pertinent documents/IRB approvals/agreements been provided?	<input type="checkbox"/>	<input type="checkbox"/>
For new submissions or site additions has the PI submitted an adequate plan to communicate information among the sites that may affect the health or safety of participants or their willingness to continue to participate in the study?	<input type="checkbox"/>	<input type="checkbox"/>
Coordinating Center Form questions 14 & 15		
<i>If No, to any of the questions above indicate revisions that are required below.</i>		

Amendment Reviewer's Determination

	Yes	No
Does this amendment meet the criteria for expedited review per 45 CFR 46.110? <b style="color: red;">If No, for full board studies, the amendment must be referred to Full Board review	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/> Revisions Required	Date(s) Revisions Requested:		
	Date(s) Revisions Received:		
<input type="checkbox"/> Approve (Select "Recommend Approval" via eProtocol)	<input type="checkbox"/> Full Board Review Required	<input type="checkbox"/> New Study Submission Required	<input type="checkbox"/> Other
For eProtocol submissions Include any notes in eProtocol			
Reviewer Notes:			
Reviewer's Signature			Date:
To provide an electronic/digital signature open form and complete in Adobe or software that allows for digital signature			

