

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"/>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Study Closed to Accrual (No new participants will be enrolled)</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Study Title Change (all impacted documents are updated with the new title)</td> </tr> </table>	Study Closed to Accrual (No new participants will be enrolled)	<input type="checkbox"/> Study Title Change (all impacted documents are updated with the new title)
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<input type="checkbox"/>	Addition of Non-English Speaking Participants or Addition of Documents for Non-English Speaking Participants Check for translated consent/assent documents. Check for translated data collection tools and recruitment materials, if applicable. See WSU IRB's Informed Consent for Non-English Speaking Participants policy for information regarding non-English speaking participants.		
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<input type="checkbox"/>	Public Health Pandemic Submission of In-Person Mitigation Documents <input type="checkbox"/> COVID-19 Participant Information Sheet <input type="checkbox"/> COVID-19 Phone Script <input type="checkbox"/> Other items to address Public Health Pandemic: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>
<input type="checkbox"/>	Other Changes: <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div>

Study Location Modifications Yes No

Addition of the following sites:

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

Other:

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Letter of Support Guidance Tool for researchers	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? Yes No

If No, for full board studies, the amendment must be referred to Full Board review

Waivers or Alteration of Consent/Assent			
If not applicable Select N/A and go to next section <input type="checkbox"/> 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/assent is requested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiver for written documentation of consent/assent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiver of consent/assent and waiver of written document of consent to screen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alteration of informed consent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Removing elements of consenting/or elements from the Research Information Sheet)			
If a waiver or alteration of consent/assent 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 that do not affect participants (or their identifiable information)? Yes No

Are all the proposed changes no greater than minimal risk (everyday life)? Yes No

If No to any of the above, 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

Exempt Categories 2 & 3: Does the proposed changes include adding elements of Limited IRB review? Yes No

Limited IRB Review includes: Information being obtained in such a manner that the identity of the participants can be readily ascertained directly through identifiers linked to the participants for exempt categories 2 & 3. For example, this can include changing data from coded, de-identified to identifiable.

If the proposed changes are implemented, does the study remain exempt under 45 CFR 46.101(b), the WSU “Flexible Review and Oversight of Research Not Covered by Federal Wide Assurance”, & WSU IRB Exempt Policies? Please see the [Exempt Guidance Tool](#) or the [Expedited Guidance Tool](#).
 Yes No

If No, request a new study submission for an expedited or full board submission. Please confer with the IRB Administration Office to provide the PI with next steps. If Yes, the Limited IRB Appendix must be submitted for review.

Flexible Review & Oversight/Approval Period Change

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

Full Board studies approval period changes require review by the full board.

For studies previously given flexible review and oversight
If this amendment affects the study’s eligibility for flexible oversight, how is it affected:

<input type="checkbox"/>	The study is no longer eligible for flexible review because:
<input type="checkbox"/>	The study is assigned a new expiration date:
<input type="checkbox"/>	Status Check-In Date Assigned 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"/>
Change in PI checklist	Yes	No
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

If No, to any of the questions above indicate revisions that are required below.

Amendment Reviewer's Determination

	Yes	No
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"/>	<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
<input type="checkbox"/> Addendum/Appendix Checklist completed below <input type="checkbox"/> N/A		<input type="checkbox"/> Vulnerable Population Checklist completed & submitted to IRB Administration (available on the IRB reviewer’s website) <input type="checkbox"/> N/A	
For eProtocol submissions include any notes/revision requests 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			

Addendum Reviewer Checklist, if applicable

eProtocol Internet Addendum Checklist			
			If not applicable, select N/A and go to next section <input type="checkbox"/> N/A
	Yes	No	N/A
Internet Addendum is completed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recruitment conducted via internet. If yes, procedures are described.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data Collection conducted via internet. If yes, procedures are described.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are social media platforms being used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, site administrator(s) approval(s) has been provided from social media platforms that are being used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes: Submit notes via eProtocol			

International Addendum Checklist			
			If not applicable, Select N/A and go to next section <input type="checkbox"/> N/A
	Yes	No	N/A
International Addendum is completed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approval from Export control is provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local IRB review/approval provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If local IRB review is not available, has the researcher provided documentation of the following: (1) lack of local IRB review and (2) plans for observing local ethical standards? DOD research requires local ethics review.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Letters of Support provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investigator and research staff are qualified for conducting research in respective country.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Informed consent/assent/questionnaires/surveys are written both in English and the in the native language of the proposed research site.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risks are minimized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes: Submit notes via eProtocol			

Limited IRB Review for Exempt Studies Categories 2 or 3	Yes	No	N/A
Is the Limited IRB Review Appendix provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the following apply? The information obtained is recorded by the investigator in such a manner that the identity of the participants can readily be ascertained, directly or through identifiers linked to the participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the following apply? Any disclosure of participants' responses outside the research would reasonably place the participants at risk of criminal or civil liability or be damaging to the participants' financial standing, employability, educational advancement, or reputation. <p style="text-align: center;">Note if yes, the study should not be Exempt.</p> <p>These provisions also apply to VA regulated research</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes: Submit notes via eProtocol			