

## *Consent Change Request*

**Instructions:** Please read and complete all sections carefully. Any missing or inconsistent information may result in a delay of your submission. For complex or large volume changes, please contact Compass IRB and request the current electronic template, so that you may submit a red-lined version of your requested changes.

<b>Sponsor:</b>	<b>Protocol #:</b>
<b>Principal Investigator's Name:</b>	
<b>Compass IRB #:</b>	

**Modifications:**

What is the reason for this change?
<input type="checkbox"/> Compensation Change <input type="checkbox"/> Language Preference <input type="checkbox"/> Address Change ( <i>If checked, please also fill out a Facility Change Form</i> ) <input type="checkbox"/> Additional Facility Update ( <i>If checked, please also fill out a Facility Change Form</i> ) <input type="checkbox"/> Safety Update <input type="checkbox"/> Study Procedure Update <input type="checkbox"/> Other: _____

**Description:**

Please describe the requested change to your consent. <i>For more complex or large volume changes, please contact Compass IRB and request the current electronic template, so that you may submit a red-lined version of your requested changes.</i>
Which consents should this change effect (e.g. Main ICF, Assent, Pharmacokinetic Testing ICF)?

**Attached Documentation**

Are you submitting any documents with this change request form? (Examples: updated drug brochure, patient instructions, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," please take this space to share with us?	

I, the submitting party, hereby certify that all the information in this document is accurate and that I am fully aware of my responsibilities with regard to the conduct of this study.

<b>Submitting Signature:</b>	
Name	Title
Signature	Date

<b>COMPASS IRB INTERNAL USE ONLY:</b>	CIRB Staff ID: _____
Is this request appropriate for review? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
If "No," please list reason that report is inappropriate for review:	
<b>Decision of Reviewer:</b>	
<input type="checkbox"/> Approved	<input type="checkbox"/> Send to Full Board
<input type="checkbox"/> Conditionally Approved / Approved with Changes	<input type="checkbox"/> Call Site / Sponsor for discussion*
Comments/Notes (as needed):	
Signature of Board Reviewer	Date
* If checked, please attach all follow-up documentation to this report and resubmit to Board Reviewer.	

Please mail, email to [submissions@compassirb.com](mailto:submissions@compassirb.com),  
or fax this form to (480) 832-7376.