

Facility Change Request

Instructions: Please read and complete all sections carefully. Please fill in all sections exactly as you would like them to appear on all documents. Any missing or inconsistent information may result in a delay of your submission.

Sponsor:	Protocol #:
Principal Investigator's Name:	
Compass IRB #:	

Modifications:

What is the reason for this change? <input type="checkbox"/> Primary Site Relocation** <input type="checkbox"/> Additional Facility Relocation** <input type="checkbox"/> Addition of New Facility <input type="checkbox"/> Other: _____
Is the Sponsor/CRO aware of this change? <input type="checkbox"/> Yes <input type="checkbox"/> No
As of what date, will this change be in effect?
Will this affect any of the contact phone numbers for the subjects? <input type="checkbox"/> Yes* <input type="checkbox"/> No <i>*If yes, please list the new contact phone numbers for the subjects, so that we may update your consent(s) appropriately.</i> <div style="text-align: center;"> Main Contact Number: Emergency Contact Number: </div>
Will this affect any of the contact phone numbers for the IRB contact person? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*If yes, please provide new contact phone numbers for us to use when needing to speak to the IRB contact person.</i> <div style="text-align: center;"> IRB Contact Number: IRB Contact Fax: </div>
Is this facility equipped to handle emergencies? <input type="checkbox"/> Yes <input type="checkbox"/> No If this facility is not a hospital, please name the facility to be used in case of an emergency.
Is this additional research facility under the jurisdiction of another IRB? <input type="checkbox"/> Yes* <input type="checkbox"/> No <i>*If yes, please complete the IRB Waiver Form.</i>
How will current subjects be notified of this change?

New Facility Address:

Site Name:		
Address:		
City:	State:	Zip Code:
Phone Number:	Fax:	
**If this site is replacing a currently approved location, please indicate which facility will no longer be involved in this study?		

I, the Principal Investigator, certify that I will oversee the conduct of study procedures and the performance of my study staff at the research facilities identified above. These facilities are a safe, non-coercive, appropriate location for the conduct of study procedures required by the research protocol.

Principal Investigator Signature:	
<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Name	
<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Signature	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Date

COMPASS IRB INTERNAL USE ONLY:	CIRB Staff ID: _____
Is this request appropriate for review?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "No," please list reason that report is inappropriate for review:	
Does this request prompt a revision to the site's contact information detailed on their consent document(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Decision of Reviewer:	
<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):	
<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Signature of Board Reviewer	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Date
* If checked, please attach all follow-up documentation to this report and resubmit to Board Reviewer.	

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