

PROTOCOL REVIEW COMMITTEE AMENDMENT FORM

Instructions: Please attach the completed form to the ePRMS submission.

1 Study Information

IRB Number: _____
 PRC Number: _____
 Protocol Title: _____

2 Amendment Information

Scientific amendments to protocols originally reviewed and approved by UI Cancer Center Protocol Review Committee (PRC) require additional PRC review and approval. The applicable sections of the protocol are listed below; please indicate the section(s) of the protocol that has been amended and provide a description of the amendment in the box below.

- Objectives
- Research Plan/Study Design
- Eligibility
- Statistical Considerations
- Patient Population/Accrual Figures:

Previous Accrual:

Total target accrual	_____
Accrual in the last 12 months	_____
Total accrual to date	_____
Date opened to accrual	_____

Adjusted Accrual:

Total target accrual	_____
Accrual in the last 12 months	_____
Total accrual to date	_____
Date opened to accrual	_____

- Other:

Amendment Description:

3 PI Acknowledgment

By clicking this box the Principal Investigator acknowledges that the information provided above is accurate.

***** **For Office Use Only** *****

4 PRC Decision

- Approved
- Modifications Required
- Deferred
- Disapproved

PRC Reviewer Comments: