



Institutional Review Board (IRB) Human Subjects Review Form

For revised projects involving human subjects

Please provide the information requested below:

Date: _____ IRB # _____

Principal Investigator: _____ Phone # _____

Address to which notice of approval should be sent: _____

Institution: _____ Department: _____

Research Coordinator(s): _____ Phone # _____

Proposed project dates, beginning date: _____ Completion Date: _____

E-mail address: _____

Project Title: _____

TYPE OF CHANGES: ☐ Administrative Change ☐ Protocol Change
☐ Revised Consent Form ☐ Investigator's Brochure
☐ Amendments or Addendums ☐ Other _____

☐ **Expedited Review**

☐ **Full Board Review requested**

DESCRIPTION: *Please provide a brief explanation along with the documentation*

Send back to Marie-Laure Reese – IRB Office Altru Hospital; 1200 S. Columbia Rd
Grand Forks, ND 58201 or Email: mreese@altru.org
