

1. Project Details

Project Title	
Project Reference Number	
Revisions/Amendments Please submit to IRB:	
<p>The Principal Investigator shall note implement any changed to an approved study (including the protocol or informed consent documents) without prior IRB review and approvals from QBB IRB.</p> <p>Notes for PI:</p> <ol style="list-style-type: none"> 1) The Principal Investigator will have a to submit this IRB Amendment Form providing a detailed justification for the proposed modification/ amendments. 2) Attach Relevant Documents: Include any revised documents such as: <ol style="list-style-type: none"> a. Questionnaire b. Letters of cooperation c. Informed consent form d. Any other relevant material or documents 3) RA Directorate will forward it to QBB IRB chair who determines the need for additional review, the type of review required (full or expedited) and notify the IRB office. No changes Will be implemented until the Chair and/or the IRB Committee accept/approves the changes. 4) Failure to do so may result in the protocol's suspension and/or termination. 5) Requests for review of amendments follow the same review process 	
Note: Amendments to protocols may not be initiated until IRB approval has been obtained.	

**2. Amendment to the Study:
(The following change(s) is/are being proposed for the above protocol:)**

<input type="checkbox"/>	Title change (Please provide details with justification)
<input type="checkbox"/>	Addition or removal of PI, Co-PI, or key personnel (Please attach full details- (name, designation, affiliate institution, email id & mobile number) of the added Co-PI with CITI documents) (Please provide details with justification)
<input type="checkbox"/>	Addition, deletion, or change of recruitment instrument, oral script, survey instrument, web-based instruments, questionnaires, advertisement flyers, funding sources etc. Please attach changed documents.
<input type="checkbox"/>	Addition or deletion of cooperating institutions
<input type="checkbox"/>	Change in number of participants with same criteria (Please provide details with justification)
<input type="checkbox"/>	Change in number of participants with different criteria--((Please provide details with justification)
<input type="checkbox"/>	Change in study population--(Please provide details with justification)
<input type="checkbox"/>	Change in Methodology--(Please provide details with justification)
<input type="checkbox"/>	Revised Informed Consent Form. (Please provide details with justification)

Other Changes / explain details / justification:

3. PI	QBB
Principal Investigator Name:	Research Access and Operations Director: Sheikha Al Fadalah
Principal Investigator Signature:	Signature:
Date:	Date:
Email:	Email:
Phone Number:	Phone Number: 44547717
Address:	Address: QBB Building 317, Hamad Medical City, P.O.Box 5825, Doha -Qatar.

4. Institutional Review Board / Chair Action	
Category of Change:	
<input type="checkbox"/>	Major Amendment
<input type="checkbox"/>	Minor Amendment
Category of Review:	
<input type="checkbox"/>	Approved under Exempt/ Approved by the Chair
<input type="checkbox"/>	Approved under Expedite Review
<input type="checkbox"/>	Approved by the Convened/Full Board

IRB Representative Signature

Date