

**SUBCOMMITTEE FOR RESEARCH SAFETY**

**VAMC Research (151)**

508 Fulton St. • Durham, NC 27705 • 919-286-6926 • Fax: 919-286-6824

**PROTOCOL AMENDMENT SUBMISSION FORM**

*\*Use this form for protocol amendments requiring review primarily by the Subcommittee for Research Safety (SRS) (Science Safety/Science Only Studies). Protocol amendments that are directed to the IACUC or IRB and include the corresponding IACUC or IRB amendment form, do not require this SRS amendment form.\**

Date: \_\_\_\_\_

ID: \_\_\_\_\_

Prom#: \_\_\_\_\_

Principal Investigator: \_\_\_\_\_

Protocol Title:

Research Coordinator: \_\_\_\_\_ Phone: Pager: \_\_\_\_\_

Amendment Date: \_\_\_\_\_ Amendment Number / Version: \_\_\_\_\_

**In order for the SRS to fully evaluate an amendment request, please provide a summary of the modifications from the sponsor/investigator.**

**Check all protocol amendments that apply:**

**Chemical Change** (Submit a new Chemical Inventory and appropriate training documentation)

**SOP Change** (Submit new SOP and highlight changes on revised SOP)

**Control Substance Change** (Submit new VAFom 10-0398 (Appendix G))

**Other Scientific Changes** (Submit the appropriate documentation)

**Biological Substance Change** (Submit new VA Form 10-0398 (Appendix G))

**Personnel Change** (Submit new staff listing and appropriate training documentation)

**Radiological Change** (Submit new VA Form 10-0398 (Appendix G))

**Other:**

**Change Location** (Submit new VA Form 10-0398 (Appendix G))

Signature of PI: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Reviewer: \_\_\_\_\_

Approved:  Yes

No

Date: \_\_\_\_\_

Comments: \_\_\_\_\_

**The Durham VAMC Research Safety Program does not oversee the safety and is not responsible for the employee safety of research conducted at any other institution. Separate consent forms, initial reviews, continuing reviews, amendments, and reporting of serious adverse events are required if the same study is conducted at multiple institutions.**