



Application for Renewal and Protocol Amendment

Please complete the following required fields

IRB Title:		Protocol #:
Title of Project or Study:		
Title of Sub-Study (if applicable):		
PI:	Email:	
Original study start and completion dates Start:	Completion:	
Original Number of funded scanning hours for study:	Original Number of participants for study:	

Please provide the following study details

Are you requesting a change in protocol?	<input type="checkbox"/> Yes, please go to Box A	<input type="checkbox"/> No
Are you only requesting additional hours?	<input type="checkbox"/> Yes, please go to Box B	<input type="checkbox"/> No
Are you only requesting an extension of end date?	<input type="checkbox"/> Yes, please go to Box C	<input type="checkbox"/> No

Box A (to be completed if you are requesting a change in protocol)

Name of previously approved Scan card:	Date of prior approval:
Please indicate which of the following study details have been altered:	
Are the participant sample characteristics the same as before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the stimulus presentation requirements the same as before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the equipment needs (eyetracker, headphones, etc.) the same as before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the testing room requirements the same as before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the sequence types (EPI, DWI, etc.) the same as before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Briefly describe how this new study differs from the previously approved study. Please include the changes in number of participants, description of stimulus changes, sequence length changes, etc.	

Box B (to be completed if you are only requesting additional hours)

Briefly describe the reasoning for additional hours and provide how many additional hours are needed.

Box C (to be completed if you are only requesting an extension of end date)

Briefly describe the reasoning for an extension of end date and provide updated end date for the project.

Box D (to be completed by everyone)

Please list the degree and contact information of all personnel assisting in the study's MRI component

<i>Name</i>	<i>Degree</i>	<i>Email</i>

To submit your renew/protocol amendment, please send this completed form and your IRB approval letter to cbbi.service@osu.edu