SUNY Downstate IRB & Privacy Board

FORM 20-B2B: Application for Amendment - STAFF CHANGES ONLY

(Version 09.01.2021)

Instructions: 1) Open form in Adobe Reader. 2) Use Fill & Sign tool to complete. 3) Confirm any preformatted fields are correct. 4) Save file. 5) Submit completed form to IRB.

Note: Free Adobe Reader available at: www.adobe.com

Section 1: General Information:

- A. IRBNet Number:
- B. Protocol Title:
- C. Indicate type of change(s): Adding staff Removing staff
- D. PI* Name and Degree

*Note: Provide "Principal Clinician" for HUD for clinical use and expanded access projects.

- E. PI Department/College
- F. PI Status

When applicable, include information about a **Co-PI (optional) below:

**Note: If more than one Co-PI, attach separate sheet with the additional information

- G. If applicable, Co-PI Name and Degree:
- H. If applicable, Co-PI Department/College:
- I. If applicable, Co-PI Status
- J. Additional contact person (Name, E-mail, phone #, and role, e.g.., Research Coordinator):

Section 3: Study staff: For guidance on IIA and IRA, see Step 5 of the IRB submission website. REMINDER: Include ALL study staff to be approved by the Downstate IRB on IRBNet Registration Form A. ADDING Investigators who are members of the Downstate Workforce:
B. ADDING Kings County investigators who are NOT part of the Downstate workforce:
C. ADDING External Investigators with an Individual Investigator Agreement (IIA):
D. ADDING External Investigators obtaining oversight from the Downstate IRB through an IRB Reliance Agreement (IRA):
E. ADDING Name(s) of investigators who are an "Investigator for the purpose of COI reporting": (NOTE: Always include any NEW PI/Co-PI)
F. ADDING Name(s) of investigators and/or study staff who will aid the shipment of specimens, dangerous goods, or hazardous materials:

Section 4: List the names of those who are no longer a part of the study team:
Section 5: Summary of Proposed Changes
REMINDER: If documents require amended changes, submit an "Application for Amendment" form
A. Why are the changes needed?
B. What are the responsibilities of each new study team member?
C. Check if N/A; otherwise, indicate the impact of these changes on the research participants:
Section 6: Additional information (optional):