ARROWHEAD REGIONAL MEDICAL CENTER

INSTITUTIONAL REVIEW BOARD

Request to Approve
Update/Revisions to Current Protocol

Instructions: Please complete and submit this form with all supporting documentation

ARMC Protocol #	
Title of Research Protocol:	
Principal Investigator:	**Department:**
Contact Information:	

Request to Approve:

Summary / Explanation of Requested Change: **

**As applicable: An increase of risk to patients, or other substantive changes requires an additional submission of a Request to Approve Consent Revision

_____ _____

Principal Investigator's Signature **Date**