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| Original ETHICS Approval Date |  |
| PRINCIPAL INVESTIGATOR |  |
| **PROJECT TITLE** |  |
| **Signature of Principal Investigator (electronic signature is accepted):**

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 | Date: |
| 1. | Review Type | FYI only, APPROVAL for changes NOT REQUIRED (check appropriate box on the right) |  |
| Request for Revision on Approved Protocol (If this Item is checked, please go to Item 2 and 3) |  |

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| 2. | Do the proposed changes alter the information contained in the KUC RERC protocol submission, Letters of Information and Consent documentation or affect local participants? (NOTE IF THE CHANGES DO ALTER ANY INFORMATION THEN YOU NEED TO COMPLETE A NOTIFICATION FOR REVISIONS OR ADDITIONS TO AN APPROVED PROTOCOL FORM ALONG WITH AN UPDATED NON-MEDICAL RESEARCH RERC SUBMISSION FORM INSTEAD) | YES |  |
| NO |  |

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| 3. | Have you included an updated non-medical research RERC submission form with this report? (*Do not submit duplicates of information already submitted to the RERC*.) | YES |  |
| NO |  |
|  | 3a. | If YES, what is the submission date on these documents? | Date: |

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| For Office Use Only:You have indicated that the approved research project does not alter the information contained in the KUC RERC protocol submission, Letters of Information and Consent documentation, nor affect the local participants; therefore, review and approval for revision by the KUC RERC is not required.If you have submitted a notification for revisions or additions to an approved protocol, the review will follow the posted RERC meeting schedule based on the date of submission.

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| Chair of RERC Signature: |  |
| Date: |  |

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### LEAVE THIS AREA BLANK