

St. Luke's Health System  
Institutional Review Board Review (IRB)

**POST IRB APPROVAL SUBMISSION FORM**

(For submission of material to the IRB, post initial approval, with the exception of safety reports.  
Please contact Colleen Schowalter at (208) 381-5126 for information regarding safety report submissions.)

- 1. **DATE:**
- 2. **STUDY NAME:**  
**IRB NO.:**
- 3. **ITEM(S) OF CHANGE WITH BRIEF DESCRIPTION:**  
Please submit items of change in triplicate.

4. **Has there been any change in research personnel?** If yes, please list below

Name and Title	Study Position	Address	Phone/Fax	Email	Add or Remove?

5. **ENROLLMENT STATUS OF STUDY:**

Total number of subjects enrolled from your site: \_\_\_\_\_  
Status of the subjects enrolled: (The numbers below should add up to the total number of subjects enrolled.)  
# of subjects active in the study: \_\_\_\_\_  
# of subjects in long-term follow-up: \_\_\_\_\_  
# of subject deaths: \_\_\_\_\_  
# of subjects that withdrew consent : \_\_\_\_\_  
Reason for withdrawal: \_\_\_\_\_  
# of subjects that completed participation: \_\_\_\_\_  
Other: \_\_\_\_\_

6. **ARE THERE ANY CHANGES TO THE CONSENT FORM?** YES  NO   
\*\*\*If yes, please attach one copy of the revised pages of the consent form clearly indicating the changes. Place a strike through for items deleted and underline for items added. Please do not highlight changes. Please also submit one clean copy of the revised consent(s) and one copy of your currently approved consent form(s) with the IRB date stamp.

7. **NAME & CONTACT NUMBER OF THE PERSON SUBMITTING THIS CHANGE.**

8. SIGNATURE: \_\_\_\_\_