**Change Form**

Title of Research:

…………………………………………………………………………………………………………………………………………………….

IRB Approval Certificate Number: ……………………………………………………..

Type of the change:

* Addition of author/s
* Removal of author/s
* Change in name of author/s
* Change of title.
* Change the place of study.
* Other

Original Authorship (Principal Investigator):

…………………………………………………………………………………………………………………………………………………….

Requested Authorship Change:

Reason For Authorship Change:

**Note:**

* The form should be submitted to IRB by principal investigator. The principal investigator is responsible for any requested changes.
* Attach a signed copy of the new proposal.
* Send the signed form with all required documents to: irb.fm@bu.edu.sa

**Principle Investigator:**

Name: Date:

Email: Mobile:

Sig:

**Signatures of all authors are required only in case of co-author removal**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature | Mobile | Position /Affiliation | Name |  |
|  |  |  |  | 1. |
|  |  |  |  | 2. |
|  |  |  |  | 3. |
|  |  |  |  | 4. |
|  |  |  |  | 5. |
|  |  |  |  | 6. |
|  |  |  |  | 7. |

Review And Approval (For Official Use by IRB)

* Approval
* Rejection

Comment: …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Name: Signature:

Date: