

AMENDMENT/CHANGES TO RESEARCH

The Ohio State University Institutional Review Boards

Office of Responsible Research Practices (ORRP)
300 Research Foundation Building, 1960 Kenny Road, Columbus, OH 43210
Phone: (614) 688-8457 Fax: (614) 688-0366 www.orrp.osu.edu

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|---------------|----------------|-------------------------|
| OFFICE USE | DATE RECEIVED: | DATE VERIFIED COMPLETE: |
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| 1. PROJECT TITLE Comprehensive Protocol in Linguistics (Amendment CY012308) | OSU PROTOCOL NUMBER: 2004B0112 |
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2. PRINCIPAL INVESTIGATOR (or Advisor)

Name (Last, First, MI): Speer, Shari R. E-mail: speer@ling.osu.edu

If any contact information has changed since last IRB review – provide below:

University Academic Title: College (TIU):
Department Name (TIU): Department # (TIU):
Campus Mailing Address: Fax:

Phone: Emergency phone:

3. ADDITIONAL CONTACT

If further information about this application is needed, specify the contact person if other than the PI (e.g., study or regulatory coordinator, research assistant, etc.).

Name (Last, First, MI): Yang, Chunsheng Phone: 614-271-5018
E-mail: yang.1067@osu.edu Fax:

4. PROPOSED CHANGE(S)

a. Indicate each item for which you are seeking IRB review and approval (check all that apply).

- Change in study personnel (co-investigator or study personnel) ◇ Complete **Appendix O**
- Change in the number of participants ◇ Complete **Appendix Q**
- All other research changes ◇ Complete **Appendix T**

b. This request requires the revision(s) or addition(s) to the following (check all that apply):

For all items checked, provide the currently approved materials (marked as “current”), and the revised materials, one copy with change(s) tracked (or underlined) and one copy with change(s) incorporated (clean). All materials should be submitted single sided.

- Research Protocol
- Consent Form(s), Assent Form(s), Parental Permission Form(s), Translated Consent/Assent Form(s), Verbal Consent/Assent script(s)
- Recruitment Materials (e.g. ads, flyers, scripts for TV or radio)
- Script(s) or information sheets
- Instruments (e.g., questionnaires or surveys completed by participants)
- Other, Specify:

5. PRINCIPAL INVESTIGATOR'S (or Advisor's) ASSURANCE

I agree to follow all applicable policies and procedures of The Ohio State University and federal, state, and local laws and guidance regarding the protection of human subjects in research, as well as with professional practice standards and generally accepted good research practice guidelines for investigators, including, but not limited to, the following:

- The research is performed as approved by the IRB under the direction of the Principal Investigator (or Advisor) by appropriately trained and qualified personnel with adequate resources;
- Serious, unexpected and related adverse events, unanticipated adverse device effects, and unanticipated problems involving risks to participants or others will be promptly reported to the IRB, as well as any other information necessary for appropriate oversight of the research;
- Significant new findings that develop during the course of the study that may affect the risks or benefits of participation will be reported; and
- All Co-Investigators, research staff, employees, and students assisting in the conduct of the research will be informed of their obligations in meeting the above commitments.

I verify that the information provided in this Amendment/Changes to Research form is accurate and complete.

Signature of Principal Investigator (or Advisor)

Date

Printed name of Principal Investigator (or Advisor)