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| 1. | WPI IRB #: | 16-189 |
|  | | |
| 2. | PI Name: | Lane Harrison |
|  | | |
| 3. | Title of Study: | Supporting Data Visualization Discovery and Reflection |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 4. | Contact Person for Amendment: *(include Telephone/Email/Fax)* | | | | Lane Harrison | | |
| Tel No: | | 980-200-8363 | E-Mail Address: | ltharrison@wpi.edu | Fax No: |  |

5. Proposed Amendment(s) involves changes to: *(Please check (✓) all appropriate boxes)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Age range of subjects |  | Consent/reconsent processes |  | Sample size |
|  | Cohort or sources of subjects |  | Study Personnel |  | Grants/Sponsors |
|  | Recruiting/advertising |  | Principal Investigator |  | Study sites – Domestic *(Specify)* |
|  | Remuneration for subjects |  | Procedures/Methodology |  | Study sites – International *(Specify)* |
|  | Confidentiality statement |  | Research Instruments |  | Translations/Language |
|  | Other: | | | | |

6. Reasons for the proposed amendment(s):

Adding a summer student to help with analysis.

7. How does the amendment(s) change the risk/benefit analysis of this protocol and to what degree?

It should not change the risks. The student has complete CITI training at their home institution.

8. You must attach documents to support your amendment request: *(Please check (✓) all appropriate boxes)*

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| --- | --- | --- | --- |
|  | Grant applications that WPI IRB does not already have |  | New/revised consent form(s)/processes |
|  | IRB approvals of letters of support |  | New/Revised research instruments |
|  | Training documentation for new personnel | | |
|  | Other forms or materials – Describe: | | |

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| --- | --- | --- | --- |
| PI Signature: |  | Date: |  |

*Please return a signed hard copy of this form to the WPI IRB c/o Ruth McKeogh 2nd Floor Project Center*

*If you have any questions, please call (508) 831-6699.*