 IRB CHANGE MATRIX CHAIR AUTHORIZATION

Revised 4/16/2018

A change matrix is required with **every** IRB resubmission.

A detailed change matrix simplifies the review process and indicates to the chair, committee, and IRB reviewer that the author has demonstrated a clear and thorough response to comments.

If, after discussion with the Doctoral Research Chair, a specific reviewer comment requires additional clarification, the chair should submit a question to [IRB@Rockies.edu](mailto:IRB@Rockies.edu).

***If, after discussion with the Doctoral Research chair, the student chooses to address a requested change in a way that differs from the reviewer feedback, the student must provide a brief rationale, and describe how the concerns were addressed.***

Below the change matrix, the Doctoral Research Chair must signify that he/she has carefully reviewed the IRB resubmission and all documentation and can confirm that all requirements have been met prior to resubmission.

**Submissions will not be accepted without a completed and signed change matrix.**

**Student Information:**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IRB Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dissertation/ADP Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Doctoral Research Chair Confirmation of Review Items Addressed**

By providing an electronic signature, within the space below, the Doctoral Research Chair is attesting that the submission meets all IRB requirements and the previously noted issues have been satisfactorily addressed and are ready for review.

I have verified that the student’s revised submission meets all review criteria and has adequately addressed the feedback and issues identified in the previous review.

Doctoral Research Chair Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctoral Research Chair Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Electronic signature accepted**