

**YAKIMA VALLEY MEMORIAL HOSPITAL
INSTITUTIONAL REVIEW BOARD
CONFIDENTIAL**

**NOTIFICATION OF STUDY INFORMATION FORM
(Informational purposes only—no changes to study protocol or consent.)**

*Note: Please use this form for informational purposes only. This form should not be used in conjunction with changes to study protocols or consent forms.

PLEASE COMPLETE EACH SPACE IN THIS COLUMN (ATTACH SEPARATE SHEET, IF NECESSARY)	
1. Title or Name of Protocol	
2. Principal Investigator.	
3. Co-Investigator(s).	
4. Study Sponsor.	
5. Date of Initial IRB Approval.	
6. Information: (including memorandums, informational notifications, etc.)	Describe the information or item:
7. Does the information involve increased risks to Subjects?	<p style="text-align: center;">YES NO</p> <p>If Yes, please describe:</p>
STUDY COORDINATOR NAME & PHONE	
PRINCIPAL INVESTIGATOR NAME	
PRINCIPAL INVESTIGATOR SIGNATURE	
DATE SIGNED	

REQUIRED ATTACHMENTS (original of the following):

1. This Form
2. Informational supporting document(s)