

REQUEST FOR REVISION/AMENDMENT

ı.	Title of Protocol	National Databank for Rheumatic Disea	<u>ses</u>
H.	Principal Investi	gator: <u>Frederick Wolfe, MD</u>	Phone: <u>316-263-2125</u>
111.	-	Coordinator erson (for IRB): Rebecca Schumacher 1035 N. Emporia, Suite 230, Wichita, KS 67	Phone : <u>316-263-2125</u> 214
IV.	Revision Des [X] [] []	cription: Revision to currently approved protocol Revision to currently approved consent fo Other (such as advertisements)	orm
v.	Check one: [X] []	This revision <i>does not</i> increase risks to partic revision <i>does</i> increase risks to partic revision description.)	articipants enrolled in the study. ipants enrolled in the study. (Include explanation in
VI.	Describe revision request: Addition of Amendment 13 to the NDB protocol with a revised consent form and SLE form for Amendment 13. ARION/NDB/Report methods will be applied to the additional set of patients in Amendment 13.		
VII.	Attach revise	d documents (<i>HIGHLIGHT ALL REVISIOI</i>	IS)
I AT	TTEST THAT THE	INFORMATION PROVIDED ABOVE IS TR	UE AND ACCURATE.
7	In line		
	ncipal Investigato		Date <u>11/9/2005</u>
IRB	REVIEWER REC	<u>OMENDATIONS</u>	
BEN	NEFIT/RISK:	Minimal Risk [] Less than Minim	al Risk [] More than Minimal Risk
M	Approved		
	TE TO REVIEWER	: PLEASE CONTACT THE IRB STAFF W	ITH COMMENTS FOR FOLLOW-UP ON OTHER
[] (Conditionally App	rove [] Disapprove [] Defer	Review Date 11/18/05

IRB	PROTOCOL NO
	
	APPENDIX E - PAGE 2

YCRMC IRB USE ONLY	Approved by Expedited Review [] Approved by Full Board Review
THIS SIGNIFIES NOTIFICAT	ION OF IRB APPROVAL OF THE REVISION DESCRIBED ABOVE.
	[] Conditionally Approved Letter attached describing requirements for approval. [] Disapprove [] Deferred
This is to confirm that the follo submissions for the above me	wing member(s) of the Institutional review Board abstained form voting on any ntioned study;
The Board requests to be notife this protocol.	ied within five working days of any unexpected adverse reaction as a result of the use of IRB Mtg. Date