Attachment 15
IRB Approval Memo

Population Assessment of Tobacco and Health (PATH) Study (NIDA)

1600 Research Boulevard Rockville, MD 20850-3129

tel: 301-251-1500 fax: 301-294-2040 www.westat.com

## AMENDMENT REVIEW FORM

(TO ADD OR CHANGE PREVIOUSLY APPROVED RESEARCH)

All changes or new activities for previously approved studies require submission, review, and approval of an Amendment Review Form. Please complete and submit this form to irb@westat.com and attach all necessary materials to be reviewed. Once the request has been reviewed, you will be contacted. If this change or new activity requires a full Board review, those meetings occur on the second Tuesday of every month. To check the date of meetings, please see the meeting schedule under IRB in WesInfo. Thank you for your cooperation.

1.	Today's Date:	05 / 08 / 2015				
	Date of Original Approval:	07 / 19 / 2012				
	Project Name:	Population	on Assessment of Tobacco and Health (PATH)			
	Westat Project Number:	8954.00.00				
	Agency Grant or Contract Number:	HHSN271201100027C, Ref # NO1DA-11-5568				
	Project Director:	Michelle	Kiser/Scott (for Dave Maklan) Ext. 2128			
	Unit Ops Number/Study Area:	1121.56				
	Area IRB Representative:	Katie Ga	sque Ext. 3694			
2.	Indicate the type of addition or change (SELECT ALL THAT APPLY.)  Name(s) of investigators  Project number  Introduction of a new IRB or request Westat to serve as the IRB  Study design, survey questionnaire, of procedure(s)  Informed consent process, consent to parent permission(s), or assent form  Recruitment materials or strategies  Incentives  Survey instruments  Number or type of populations study	st for  or  form(s), (s)	Review of final instrument such as interview questions or data collection sites for a previously approved study  Mode of administration of instruments in your study (e.g., from mail or telephone to web or Internet access)  Data access rights  Any other change in protocol that affects treatment of human subjects:  (PLEASE SPECIFY)			

3.	Please provide a b	rief summary of v	our change or	addition to p	reviously app	roved researc
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This request is for IRB review and approval for the Population Assessment of Tobacco and Health (PATH) Study to conduct the Wave 3 (second follow-up) collection of data and biospecimens, scheduled to begin in the fall of 2015. Some PATH Study materials and procedures have been revised and are now being resubmitted to the IRB for approval before the Wave 3 collections start.

4.	Ho	w does each change or addition affect the risks to participants in your study? (SELECT ONLY ONE.)							
	a.	No change       No change							
	b.	□ N/A – no risks							
	c.	Decreases the risk (SPECIFY):							
	d.	☐ Increases the risk (SPECIFY):							
	e.	e. Adds a new risk (SPECIFY):							
		ARD-COPY SUBMISSION, PLEASE SIGN HERE:							
		ature is not required when you return this form electronically; however, please fill in the date of etion.							
	_	formation provided in this request form is complete and correct.							
		pro nase in the request form to compress and controls							
	,	Director/ Date: 05 / 08/ 2015							
Pr	ncıp	pal Investigator:							
Please attach:									
• One document that clearly identifies (through track changes, highlights, or italics) the revision in the previously approved submission.									
	•	Another document labeled "corrected version."							
Ify	ou h	have any questions, feel free to contact Sharon Zack, the IRB Administrator, at x8828.							
		IRB Administration Use Only							
		Expedited review and approval for the modification(s) on this form:							
		Kerry Levin							
		5/20/15							
		IRB Chair / Associate Chair / Designee							

APPROVED – NEXT CONTINUING REVIEW DATE: 04 / 18/ 2016
CONDITIONAL APPROVAL (PLEASE SEE ATTACHED LETTER)

**DID NOT QUALIFY FOR EXPEDITED REVIEW** 

**IRB Office Only**