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 Assessment of Tobacco and Health (PATH)				
	Westat Project Number:	8954.00.00				
	Agency Grant or Contract Number:	HHSN27	1201100027C, Ref # NO1DA-11-	1DA-11-5568		
	Project Director:	Michelle	Kiser/Scott (for Dave Maklan)	Ext. 2128		
	Unit Ops Number/Study Area:	1121.56				
	Area IRB Representative:	Katie Gasque		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, or procedure(s) Informed consent process, consent 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 surpreviously approved study Mode of administration of instrudy (e.g., from mail or telephorement access) Data access rights Any other change in protocotreatment of human subjects (PLEASE SPECIFY)	such as interview sites for a nstruments in your ephone to web or ol that affects		

3.	Please provide a b	orief summary of	vour change or	addition to p	previously appro	ved research.
•	I ICUGE PIOTIGE W	TICL CUITITIAL , CI	your change or	acceptance of	reviously appro	, rea recear

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	ow 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.	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.						
		provided in time request term to comprese und correcti						
Project Director/								
Pr	ncıp	pal Investigator:						
Ple	ease -	attach:						
	•	One document that clearly identifies (through track changes, highlights, or italics) the revision in the previously approved submission.						
	•	Another document labeled "corrected version."						
If y	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:						
		Keny 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