



# INSTITUTIONAL REVIEW BOARD

FWA 00003803

IRB00000092 SC DHEC IRB #1

South Carolina Department of Health & Environmental Control

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## REQUEST FOR AMENDMENT FORM

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Principal Investigator: Reba Berry Protocol #: IRB.15-001

Study Title: South Carolina Muscular Dystrophy Surveillance, Tracking, and Research Network (SC MD STARnet)

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### 1. Revision Description (check all as appropriate):

☐ Revision to currently approved *protocol*

☐ Revision to currently approved *consent*

☒ Other – *Specify* Addition of a survey protocol

### 2. Check one:

☒ This revision *does not* increase risks to participants enrolled in the study.

☐ This revision *does* increase risks to participants enrolled in the study (include explanation revision description)

### 3. Describe revision request: (Attach additional pages if necessary or expand form electronically)

Per the CDC's request to meet grant deliverables we will be sending out a survey to SC residents diagnosed with muscular dystrophy to enhance/supplement data collection. The goal of this study is to learn about experiences with COVID-19 disease and vaccinations, chronic pain and fatigue related to muscular dystrophy, and family planning of adults with muscular dystrophy. Adults in the seven CDC funded sites will be asked to complete the survey.

The letters that will be mailed out have been approved by DHEC OGC. The survey will not be implemented until the CDC has OMB approval. The Survey Protocol is attached.

### 4. Attach *revised* protocol and/or consent (Highlight all revisions)

Signature of PI: Reba B. Berry

Date: 03/14/2022

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### 5. Approval Status

[X] Approved: *This signifies notification of IRB APPROVAL of the revision described above.* [ ] Not Approved

[ ] Abstain

[ ] Conditionally Approved.

IRB REVIEWER'S SIGNATURE:

A handwritten signature in cursive script, appearing to read "J. L. S.", written in black ink.

Date: 4/8/2022

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