



Your dreams. Our mission.

MODIFICATION REQUEST

Original Protocol #: _____

Instructions:

A request for modification must be submitted and approved by the IRB whenever an investigator wishes to amend an existing IRB protocol. **Changes may not be implemented prior to receiving IRB approval** (except in emergency situations involving unanticipated problems involving risk to human participants or others, contact the IRB Administrator immediately in such situations). If you plan to modify your research, please complete this form and forward it to the IRB Administrator, CONTACT.

PRINCIPAL INVESTIGATOR: _____ Title: _____

DEPARTMENT: _____ Phone: _____

STUDY COORDINATOR (if applicable): _____ Phone: _____

PROTOCOL TITLE: _____

(Make sure to provide the exact title given in the original Human Participants Approval Application)

1. Revision Description (Check all as appropriate):

- _____ Revision to currently approved *protocol*
- _____ Revision to currently approved *consent form, measure or other written materials*
- _____ Other: _____

2. Check One:

- _____ This revision *does not* increase risks to participants enrolled in the study.
- _____ This revision *may or will* increase risks to participants enrolled in the study (requires signature of dept. chair and for students, the academic advisor).

3. Please describe the requested revision.



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4. Attach revised protocol, consent form or materials related to the modification request. (Please highlight all revisions.)

Signature of Principal Investigator

Date

Signature Academic Advisor (Students Only)

Date

For IRB use only:

Approved: _____

Requires Modifications: _____

Reviewer's Signature: _____ **Date:** _____