

Request for Modification of an Active Protocol

Title of Project

Protocol Number

Original
Designation:

Administrative

Expedited

Full-board

Principal
InvestigatorFaculty Sponsor
(if student)

E-mail

Faculty Sponsor E-mail

Faculty/Staff

Student

Proposed Modification(s):

Reason for Modification(s):

Investigator Training:

CITI Course Completion Reports for all new project personnel are attached as an Appendix to this form.

Methods/Measures:

All materials that participants (or prospective participants) interact with during this project that are affected by these modifications are attached as an Appendix to this form.

Informed Consent:

A new informed consent document reflecting these modifications is attached as an Appendix to this form.

Principal Investigator Signature:

Faculty Sponsor Signature (if applicable):

Decision:

Approved

Not Approved

IRB Chair Signature: