



REQUEST FOR PROTOCOL MODIFICATION

Principal Investigator: _____ Protocol #: _____
Protocol Title: _____

1. Modification Description (check all as appropriate):

- Revision to protocol
- Revision to consent form
- Revision to key personnel (including student researchers)

Attach copies of certificates of completion of the required training program.

- Other (e.g. recruitment poster, advertisements, etc.)

Specify: _____

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 in revision description)

3. On a separate sheet describe the revision requested, and, if applicable, the increased risk to participants, including the procedures to be implemented to minimize/eliminate this risk.

4. Attach the revised protocol, consent form, or other materials, as applicable, with all revisions highlighted.

5. Principal Investigator Signature: _____ **Date:** ____ / ____ / ____

6. Department Chair Signature: _____ **Date:** ____ / ____ / ____

IRB USE ONLY

Modification Approval Date: ____ / ____ / ____