MODIFICATIONS TO APPROVED IRB PROTOCOL FORM

*All substantive revisions (e.g., modifications, addenda, amendments) to a project must be reviewed and approved by the IRB prior to initiation. Principal Investigators should submit this form to the IRB at least one month in advance to ensure time for it to be reviewed. You can type your answers on this form, and the lines will expand to fit additional text as needed.*

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| **IRB Number:** |  | | | Expiration Date of Current IRB Approval: | | | |  | |
| Title of Research: | | |  | | | | | | |
| Principal Investigator’s Name: | | | | | |  | | | |
| E-mail Address: | |  | | | | | Preferred Phone Number: | |  |
| Co-Investigator Name(s): | | | | |  | | | | |
| Faculty Research Advisor/Chair (if applicable): | | | | | | |  | | |

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| 1. Describe in the box below the modification(s) and the reason for the change(s): |
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| 2. In your opinion, do the proposed modifications change the potential risks or benefits to the research subjects from what is in the currently approved IRB protocol? If yes, how? |
|  |

3. Do the proposed modifications involve changes to project materials? If yes, check the items below that were changed and attach to this form:

Revised recruitment plan and materials

Revised written consent form, information sheet, or script, if relevant

Revised subject instructions

Tests or questionnaires

Interview guides

Debriefing materials

Other institutional or agency approval

Other:

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| 4. If there have been any changes in the principal investigator, co-investigators, faculty advisor, outside researchers, etc. for this project, list those changes in the box below, including the IRB training certificate number of any new individuals: |
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| --- | --- | --- | --- |
| Principal Investigator’s Signature: |  | Date: |  |

FACULTY RESEARCH ADVISOR/CHAIR (if applicable):

*I have reviewed this completed application and am satisfied with the adequacy of the proposed research design and the measures proposed for the protection of human subjects.*

|  |  |  |  |
| --- | --- | --- | --- |
| Faculty Advisor’s Signature: |  | Date: |  |

***Submit this completed form to the Utica University IRB at irb@utica.edu.***