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: | / / |