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: |  / / |