Print Form

XAVIER UNIVERSITY

Institutional Review Board

MODIFICATION REQUEST FORM

Submit this form if requesting a modification to a previously approved protocol.
DO NOT IMPLEMENT MODIFICATIONS UNTIL APPROVED.

Principal Investigator: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Faculty Advisor (if PI is a student): _ _____ ML: _____

IRB#: _____ **Title:** _____

Please describe the requested modification and rationale below. If applicable, attach a revised protocol and informed consent form and submit form(s) to the IRB **by email or mail**.

I certify that the information on this form is accurate to the best of my knowledge.

_____

PI <u>or</u> Faculty Advisor Signature (typed name acceptable if emailing) Date

The IRB will review this information and notify the PI (and faculty advisor for student research) in writing of its determination. DO NOT IMPLEMENT MODIFICATIONS UNTIL APPROVED.