



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. I also certify that the date provided on this document is accurate and that this form will be submitted in a timely manner.**

\_\_\_\_\_  
**PI signature (typed name acceptable if emailing) Date**

\_\_\_\_\_  
**Faculty Advisor signature (if PI is a student) 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.**