



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.