Project # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Use Only



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| **Institutional Review Board****Amendment/Modification Request** |
| **Date:**  | **IRB Project Number:** |
| **Project Title:**  |
| **Principal Investigator (PI):**  |
| **College/Department:**  |
| **Funding Agency:**  |
| **PI Contact (phone, e-mail, address):**  |
| **Understand that the proposed changes may not be implemented before IRB approval** |
| [ ] Personnel [ ] Setting [ ] Human subjects [ ] Health ofsubjects [ ] Inclusion/Exclusion Criteria[ ] Recruitment procedures [ ] Sampling Plan [ ] Sample Size [ ] Instruments [ ] Procedure [ ] Consent [ ] Risk and Risk Mitigation [ ] Compensations and Benefits [ ] Disclosure [ ] Data Confidentiality [ ] HIPAA [ ] Other changes  |
| **Description of Proposed Changes (Use attachments/additional pages as necessary):**  |
| **Reason for Amendment/Modification:** |
| **Consent Form. Are changes in the consent form required? No\_\_\_\_\_\_\_ Yes\_\_\_\_\_\_\_\_ (attach new form)** |

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Principal Investigator Signature Date

Please return completed form: University of Findlay, IRB Office

If you have any questions, please contact the IRB Office.

Cc: IRB,

 Program Director