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

Office Use Only



|  |  |
| --- | --- |
| **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)** | |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

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