# IRB Protocol Modification Request Form

## Study Information

Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Study Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IRB Protocol Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Type of Modification Requested

☐ Change in study personnel
☐ Change in study procedures
☐ Change in recruitment materials
☐ Change in consent form(s)
☐ Change in data collection instruments
☐ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Description of Modification

Provide a detailed description of the modification being requested. Include rationale and any supporting information:
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## Impact Assessment

Describe how this modification impacts the risk/benefit ratio, confidentiality, or data security of the study:

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## Attachments

Please attach any revised documents (e.g., consent forms, recruitment materials, surveys).

## Principal Investigator Certification

I certify that the information provided in this modification request is accurate and complete. I understand that the modification cannot be implemented until IRB approval is obtained.

PI Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_