

**\*\*This form is to be used only for modifications to projects that already have IRB approval.\*\***

IRB Approval Number (e.g., Bailey\_120120):

Title of Project:

Date:

**Request for Review of Modification or Amendment to an IRB Approved Research Project**

Please note: If the investigator plans to make substantial changes to his or her study, he or she should submit a new IRB application. For minor changes (e.g., a change in principal investigator, minimal changes in wording of a survey instrument, or increasing the sample size from the same sample pool), the investigator must submit this request form.

The IRB must review and approve any modification or amendment to currently approved study before implementation. Please complete this form and submit it and a copy of your initial application materials with all changes tracked on electronically to [irb@atu.edu](mailto:irb@atu.edu).

Principal Investigator:	E-Mail:
Additional Researchers' Names:	
Department:	Phone:
Project Title:	

Advisor (complete if PI is a student)

Name of Advisor:	E-Mail:
Advisor's Department:	Advisor's Office Number:

Check any modifications that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> Change in project title                    | <input type="checkbox"/> Change in location of research                      |
| <input type="checkbox"/> Change in investigators                    | <input type="checkbox"/> Change in participant activity                      |
| <input type="checkbox"/> Change in study design                     | <input type="checkbox"/> Change in recruitment method                        |
| <input type="checkbox"/> Change in participant cost of compensation | <input type="checkbox"/> Change in consent and/or assent form(s)             |
| <input type="checkbox"/> Change in participant population           | <input type="checkbox"/> Change in method and/or materials for advertisement |
| <input type="checkbox"/> Change in materials or instruments         | <input type="checkbox"/> Change in advisor                                   |
| <input type="checkbox"/> Change in risks and/or benefits            |  |

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Other changes (Please describe):

Please provide a brief summary of the requested modifications using this form. List and described each proposed change indicated above and provide rationale for each revision. Use additional pages as needed.

Please provide new or revised consent and/or assent form(s), questionnaires, surveys, recruitment materials, advertisements, etc. as attachments. Use the space below to describe the changes you have made.

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Principle Investigator Signature

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Date

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Faculty Advisor Signature (if applicable)

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Date