**AUBURN UNIVERSITY HUMAN RESEARCH PROTECTION PROGRAM (HRPP)**

**REQUEST for MODIFICATION**

For Information of help completing this form, contact: **The Office of Research Compliance (ORC)** Phone: **334-844-5966** E-Mail: [**IRBAdmin@auburn.edu**](mailto:IRBAdmin@auburn.edu) Web Address: [**http://www.auburn.edu/research/vpr/ohs**](http://www.auburn.edu/research/vpr/ohs)*In MS Word, click the enter date area to select correct date, click the enter text area and type your text; click checkboxes to check/ uncheck.***- Federal regulations require IRB approval before implementing proposed changes.  
- Change means any change, in content or form, to the protocol, consent form, or any supportive materials (such as the investigator’s   
 Brochure, questionnaires, surveys, advertisements, etc.). See Item 4 for more examples.  
- Form must be populated using Adobe Acrobat / Pro 9 or greater standalone program (do not fill out in browser). Handwritten forms will not   
 be accepted.**

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| **1. Today’s Date** | Click or tap to enter a date. |

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| **2. Principal Investigator (PI) Name:** Click or tap here to enter text. | | | |
| **PI’s Title:** | Click or tap here to enter text. | **Faculty PI (if PI is a student):** | Click or tap here to enter text. |
| **Department:** | Click or tap here to enter text. | **Department:** | Click or tap here to enter text. |
| **Phone:** | Click or tap here to enter text. | **Phone:** | Click or tap here to enter text. |
| **AU-E-Mail:** | Click or tap here to enter text. | **AU E-Mail:** | Click or tap here to enter text. |
| **Contact person who should receive copies of IRB correspondence (Optional):** | Click or tap here to enter text. | **Department Head Name:** | Click or tap here to enter text. |
| **Phone:** | Click or tap here to enter text. | **Phone:** | Click or tap here to enter text. |
| **AU E-Mail:** | Click or tap here to enter text. | **AU E-Mail:** | Click or tap here to enter text. |

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| **3. AU IRB Protocol Identification** | | |
| **3.a. Protocol Number:** Click or tap here to enter text. | | |
| **3.b. Protocol Title:** Click or tap here to enter text. | | |
| **3. c. Current Status of Protocol – For active studies, check ONE box at left; provide numbers and dates   where applicable** | | |
|  | **Study has not yet begun; no data has been entered or collected** |  |
|  | **In progress If YES, number of data/participants entered:** Click or tap here to enter text. | **Current Approval Dates**  **From:** Click or tap to enter a date. |
|  | **Adverse events since last review If YES, describe:** Click or tap here to enter text. | **To:** Click or tap to enter a date. |
|  | **Data analysis only** |
|  | **Funding Agency and Grant Number:** Click or tap here to enter text. | **AU Funding Information:** Click or tap here to enter text. |
|  | **List any other institutions and/ or AU approved studies associated with this project:** Click or tap here to enter text. |

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| **4. Types of Change**  **Mark all that apply, and describe the changes in item 5** | |
|  | **Change Key Personnel** Attach CITI forms for new personnel. |
|  | **Additional Sites or Change in Sites, including AU classrooms, etc.**  Attach permission forms for new sites. |
|  | **Change in methods for data storage/ protection or location of data/ consent documents** |
|  | **Change in project purpose or project questions** |
|  | **Change in population or recruitment** Attach new or revised recruitment materials as needed; both highlighted version & clean copy for IRB approval stamp |
|  | **Change in study procedures** Attach new or revised consent documents as needed; both highlighted version & clean copy for IRB approval stamp |
|  | **Change in data collection instruments/forms (surveys, data collection forms)** Attach new forms as needed; both highlighted version & clean copy for IRB approval stamp |
|  | **Other** (BUAs, DUAs, etc.) Indicate the type of change in the space below, and provide details in the Item 5.c. or 5.d. as applicable. Include a copy of all affected documents, with revisions highlighted as applicable. Click or tap here to enter text. |

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| **5. Description and Rationale** |
| **5.a. For each item marked in Question #4 describe the requested changes to your research protocol, with an   explanation and/or rationale for each.**  Additional pages may be attached if needed to provide a complete response. |
| Click or tap here to enter text. |
| **5.b. Briefly list** (numbered or bulleted) **the activities that have occurred up to this point, particularly those that   involved participants.** |
| Click or tap here to enter text. |
| **5.c. Does the change affect participants, such as procedures, risks, costs, benefits, etc.** |
| Click or tap here to enter text. |
| **5.d. Does the change affect participants, such as procedures, risks, costs, benefits, etc.** |
| Click or tap here to enter text. |
| **5.e. Attach a copy of all “IRB stamped” documents currently used. (Information letters, consent forms, flyers,   etc.)** |
| Click or tap here to enter text. |
| **5.f. Attach a copy of all revised documents (high-lighted revised version and clean revised version for the IRB   approval stamp).** |
| Click or tap here to enter text. |

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| **6. Signatures** |
| **Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Faculty Advisor PI, if applicable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Version Date:** Click or tap to enter a date.