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

**PERSONNEL MODIFICATION APPLICATION**

For assistance, 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) **Submit completed form and supporting materials as one PDF to** [**IRBsubmit@auburn.edu**](mailto:IRBsubmit@auburn.edu)Form must be populated using Adobe Acrobat / Pro 9 or greater standalone program (do not fill out in browser). Hand written forms are not accepted.  
Where links are found hold down the control button (Ctrl) then click the link.

**(USE THIS FORM ONLY TO REQUEST A MODIFICATION TO KEY PERSONNEL)**

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

**Principal Investigator (PI):** Click or tap here to enter text.

**AU IRB Protocol Number:** Click or tap here to enter text.

**Study Title:** Click or tap here to enter text.

**Add the following personnel (Attach CITI documentation for new personnel)**

|  |  |  |
| --- | --- | --- |
| **Name** | **Role in Protocol** | **Experience/Training/Degrees** |
|
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Remove the following personnel**

|  |  |
| --- | --- |
| Name | Role in Protocol |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |

**Signatures   
  
Signature of Principal Investigator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** Click or tap to enter a date. **Signature of Faculty Advisor (If applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** Click or tap to enter a date. **- Federal regulations require IRB approval before implementing proposed changes.**

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