# AUBURN UNIVERSITY INSTITUTIONAL REVIEW BOARD

**PERSONNEL MODIFICATION FORM**

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

Submit the modification form via [**irbsubmit@auburn.edu**](mailto:irbsubmit@auburn.edu) Guidance available www.auburn.edu/irb

For information or assistance completing the form contact us at 334-844-5966 or [**IRBAdmin@auburn.edu**](mailto:IRBAdmin@auburn.edu)

**Today’s Date \_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Principal Investigator** |  |
| **Protocol Number** |  |
| **Title of Protocol** |  |

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

|  |  |  |
| --- | --- | --- |
| **Name** | **Role in Protocol** | **Experience/Training/Degrees** |
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| **Remove the following personnel** |

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| Name | Role in Protocol |
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|  |  |

**Signatures**

**Principal Investigator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Faculty PI, if applicable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| * **Federal regulations require IRB approval before implementing proposed changes.** |
| * **Use Adobe Acrobat/Pro 9 or greater standalone program. No hand-written forms.** |
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Version Date: 09/04/19