

AUBURN UNIVERSITY INSTITUTIONAL REVIEW BOARD for RESEARCH INVOLVING HUMAN SUBJECTS
REQUEST for MODIFICATION

For help, contact: **THE OFFICE OF RESEARCH COMPLIANCE (ORC)**, 115 Ramsay Hall, Auburn University
Phone: 334-844-5966 e-mail: IRBAdmin@auburn.edu Web Address: <http://www.auburn.edu/research/vpr/ohs>

Revised 2.1.2014 Submit completed form to IRBsubmit@auburn.edu or 115 Ramsay Hall, Auburn University 36849.

Form must be populated using Adobe Acrobat / Pro 9 or greater standalone program (do not fill out in browser). Hand written forms will not be accepted.

1. Protocol Number: _____
2. Current IRB Approval Dates: From: _____ To: _____
3. Project Title: _____

4. _____
Principal Investigator Title Department Phone AU E-Mail (primary)

PI Signature Mailing Address Alternate E-Mail

Faculty Advisor FA Signature Department Phone AU E-Mail

Name of Current Department Head: _____ AU E-Mail: _____

5. Current External Funding Agency and Grant number: _____
6. a. List any contractors, sub-contractors, other entities associated with this project:

- b. List any other IRBs associated with this project: _____
7. Nature of change in protocol: (Mark all that apply)

- Change in Key Personnel ([attach](#) CITI forms for new personnel)
- Change in Sites ([attach](#) permission forms for new sites)
- Change in methods for data storage/protection or location of data/consent documents
- Change in project purpose or questions
- Change in population or recruitment ([attach](#) new or revised recruitment materials as needed)
- Change in consent procedures ([attach](#) new or revised consent documents as needed)
- Change in data collection methods or procedures ([attach](#) new data collection forms as needed)
- Other (explain): _____

FOR ORC OFFICE USE ONLY

DATE RECEIVED IN ORC: _____ by _____	MODIFICATION # _____
DATE OF IRB REVIEW: _____ by _____	PROTOCOL APPROVAL CATEGORY: _____
DATE OF IRB APPROVAL: _____ by _____	MODIFICATION APPROVAL CATEGORY: _____
COMMENTS:	INTERVAL FOR CONTINUING REVIEW: _____

