



OWENS
COMMUNITY COLLEGE

Institutional Review Board

Request for Modification of Previously Approved or Exempt Protocol

Use this form for procedural and/or personnel changes or time extensions.

Principal Investigator/
Project Director

IRB Log #

Title of the Research

Type of Change Procedural Personnel Time Extension
Check all that apply

Section A - Procedural Changes

Itemize and summarize each requested change and write a brief justification for each.

	Requested Change	Justification
1.		
2.		
3.		
4.		

Respond to these questions as appropriate:

A1. Does any change require a REVISED CONSENT statement or procedure? No Yes

If yes, describe the change below and attach the revised consent form.

A2. Does any change require revision to the assessment of risk of harm to the subjects? No Yes

If yes, describe the revisions.

A3. Does any change require revision to the methods of ensuring anonymity or confidentiality? No Yes

If yes, please explain the revisions to the methods.

Section B - Personnel Changes

Please complete Section B for each person added or removed from the study

Name	<input style="width: 90%;" type="text"/>		<input style="width: 95%; height: 50px;" type="text"/>
Phone Number	<input style="width: 85%;" type="text"/>	Mailing Address	
		E-mail Address	<input style="width: 95%;" type="text"/>

B1. Is this person being added to or removed from the study? Added Removed

B2. Describe the role this person plays in the study including any activity involving human subjects and/or activity entailing access to confidential information.

B3. Describe this person's qualifications to perform his/her role in the study.

B4. Describe how skills associated with the study will be periodically reviewed?

B5. Has this person completed IRB training? Yes - *attach documentation of completion* No

If no, when will the training be completed?

B6. Do any of the personnel changes require a REVISED consent statement or procedure? No Yes
If yes, describe the change below and attach a revised consent form.

Section C - Time Extension

Approved Starting Date

Approved Ending Date

Revised Starting Date

Revised Ending Date

C1. Describe the circumstances that precipitated the need for a change in the time period of the study.

C2. What impact, if any, will the time extension have on the study?

Signature

Date

Principal Investigator: _____

Faculty Advisor (if principal investigator is a student): _____

FOR IRB ONLY

Exempt from Review Approved Approved with Conditions Not Approved

Date:

Signature of IRB Chair