

INSTITUTIONAL REVIEW BOARD REQUEST FOR MODIFICATON OF APPROVAL RESEARCH

Note: Do not use this form for changes made prior to IRB approval or in response to and IRB review. In addition, the approval of this modification does not change the original period of approval of your IRB application. Please use the Study Continuation form to request additional time. Contact <u>Alvernia.irb@alvernia.edu</u> for assistance

Project Title: Principal Investigator: Email Address: Phone:					
		☐ Change in study personal: Describe:	☐ Addition	☐ Deletion	☐ Modification
		☐ Change in research site: Describe:	☐ Addition	☐ Deletion	☐ Modification
		☐ Change in subject enrollment: Describe:	☐ Addition	☐ Deletion	☐ Modification
		☐ Recruitment: Describe:	☐ Addition	☐ Deletion	☐ Modification
		☐ Consent/Assent/Permission chang (If this is checked, attach a copy of the of the revised consent document.) Describe:		nsent docume	ent, and a copy
		☐ Other: Describe:			



2. Discuss if the modification(s) will affect research risk and/or benefits.
I understand that I cannot initiate any changes in my approved protocol before I have received IRB approval and/or complied with all contingencies/stipulations with regards to that approval.
For IRB use only:
☐ Minor, non-substantive change approved by Expedited Review
☐ Substantive change requiring Convened IRR Review