

Modification/Amendment/Continuation to Approved Research Activities Involving Human Subjects

PI Name: _____

PI Address: _____

PI telephone and email: _____

Project Title: _____

Date: _____

Date of Approved Protocol: _____

Date of Human Subjects Protection Certification: _____

Indicate request by deleting the statement that does not apply

I. Request for Continuation, no modifications involved

II. Request for Modification/amendment to previously approved protocol

Please describe any proposed modification in detail; include the reason for the proposed change, and any impact, risk or benefit to participants (use additional pages as necessary).

Please check all that apply:

___ I have attached an Informed Consent/Parental Permission Form(s), Assent Script, or Project Summary that will be used in addition to the current one(s).

___ I have attached an Informed Consent/Parental Permission Form(s), Assent Script, or Project Summary that will replace the current one(s).

___ The proposed modification does not call for changes in the Informed Consent/Parental Permission Form(s), Assent Script, or Project Summary.

Signature of Principal Investigator

E-mail Address

Campus Telephone Number

Name of Faculty Sponsor, if applicable

Signature of Faculty Sponsor, if applicable