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| **C:\Users\TLindsay\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.MSO\16483DF4.jpg** | | | **INSTITUTIONAL REVIEW BOARD**  **940-898-3378 (Denton & Dallas)**  **713-794-2480 (Houston)**  **https://twu.edu/institutional-review-board-irb/** | | | | **MODIFICATION REQUEST** | |
| **Email the completed form to** [irb@twu.edu](mailto:irb@twu.edu)**. To facilitate the processing of the request, please include the PI name, campus, and protocol number in the subject line. Allow one to two weeks for the modification request to be reviewed. The modifications requested on this form may not be implemented until you receive the official notification that this modification is approved.** | | | | | | | | |
|  | | | | | | | | |
| **1. Protocol #** | |  | | | **2. Campus** | | |  |
|  | | | | | | | | |
| **3. Principal Investigator** | | | | **Last Name, First Name** | | | | |
| **4. Title of Study** | | | |  | | | | |
|  | | | | | | | | |
| **RESEARCH TEAM CHANGES** | | | | | | | | |
| **5. Are you adding a research team member?**  Yes  No  If yes, provide the name, email address, role on project of each individual to be added and attach a current training certificate: | | | | | | | | |
|  |  | | | | | | | |
| **6. Are you removing a research team member?**  Yes  No  If yes, provide the name of each individual to be removed: | | | | | | | | |
|  |  | | | | | | | |
|  | | | | | | | | |
| **STUDY MODIFICATIONS** | | | | | | | | |
| **7. Describe in detail any changes other than those listed above for the research team. (If no other changes are requested other than those listed above, please state “none.”)** | | | | | | | | |
|  |  | | | | | | | |
| **8. Attachments (Please check any documents that will be modified as a result of this modification. Any documents marked below should be attached to the email.)** | | | | | | | | |
|  | **Consent form**  **Training Certificate(s)**  **Flyer or other recruitment material**  **Agency approval** | | | | | **Data collection instrument(s)**  **Other (     )**  **Other (     )** | | |
| **ASSURANCES: By emailing this request I certify that the information provided on this form is accurate and that no changes will be implemented until written approval is received from the IRB.** | | | | | | | | |

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| **For office use only:** |
| **Date Received:**  **Other notes:** |