Institutional Review Board
Modification Request

Complete this form if you are requesting approval of a modification/ change to a previously approved research study. DO NOT IMPLEMENT MODIFICATIONS UNTIL APPROVED BY THE IRB.

Principal Investigator (PI): ____________________________________________________________
PI Union ID: ________________________________________________________________________
Student PI’s Degree Program: __________________________________________________________
Faculty Advisor or PsyD PI: _____________________________________________________________
IRB No.: ___________________________________________________________________________
Study Title: _______________________________________________________________________

Please describe the requested modifications and rationale below and supply requested information on page 2. If applicable, attach and send a revised research proposal, informed consent form(s), interview / survey / questionnaire questions, and other study documents to the IRB by e-mail.

(Note: This form is used only for modifications made to study procedures, location, population ages, and so on after the study receives official IRB approval. All changes made prior to official IRB approval are submitted in an addendum to the original application and research proposal.)

COMPLETE AND SIGN NEXT PAGE
1. Will the modifications/ amendments change the scope or objectives of the study? The following examples of actions are considered to change the scope or research objectives: A change in the specific purpose approved at the time of IRB approval; a change from the previously approved use of human subjects; a change in data collection method.

Yes ☐  No ☐  N/A ☐

If Yes, describe how and provide sufficient information/ documentation to allow the IRB to review and approve prior to implementation.

2. Will the modifications/ amendments change the risks to subjects?

Yes ☐  No ☐  N/A ☐

If Yes, provide sufficient information/ documentation to allow the IRB to review and approve prior to implementation of these modifications. In particular, describe how risks are minimized and reasonable in relation to expected benefits.

Investigator’s Statement:
As Principal Investigator, I acknowledge that I am responsible for reporting any unanticipated problems or serious effects or reactions; that I will submit any proposed procedural modifications to the IRB for its review and approval and, except where necessary to eliminate apparent immediate risks, no such modifications will be put into effect without prior Institutional Review Board (IRB) approval; that unless otherwise directed by the IRB, I will renew this application with the IRB no less than annually; that the research project is being conducted in compliance with the IRB’s guidelines and recommendations; that the IRB is provided all information on the research project necessary for its complete review; and that this research project will not continue until final IRB approval is received.

_____________________________________________  _______________________
Principal Investigator  Date

FACULTY ADVISORS:

PLEASE SEND AN E-MAIL TO MARY.GINN@MYUNION.EDU STATING THAT YOU HAVE REVIEWED AND APPROVED YOUR STUDENTS’ MODIFICATION REQUEST.

Information in this questionnaire may become publicly available either through the Ohio Open Records Act or through open meetings.

Instructions

When form is completed, please attach all revised documents (e.g., consent form, questionnaires and/or survey forms, interview questions, and recruitment materials) and submit via e-mail to the IRB Director.