

Shawnee State University

Date _____

Application Number _____

AMENDMENT/MODIFICATION OF RESEARCH

A. INVESTIGATOR INFORMATION

Please list all study personnel involved in the conduct of this study. All study personnel must have completed the required training in human subject research and provide the IRB with documentation the certification remains in effect. The IRB will not review a study without such forms on file for all research personnel. Only SSU faculty, staff, students, or registered volunteers are considered SSU affiliated and thus covered by the SSU IRB review. All non-affiliated study personnel must have their participation reviewed by the appropriate IRB. (Attach a separate sheet if more space is needed.)

STUDY TITLE			
PRINCIPAL INVESTIGATOR OR FACULTY ADVISOR		Phone Extension	Email Address
DEPARTMENT			
CO-INVESTIGATOR OR STUDENT INVESTIGATOR		Phone Extension	Email Address
CO-INVESTIGATOR OR STUDENT INVESTIGATOR		Phone Extension	Email Address
CO-INVESTIGATOR OR STUDENT INVESTIGATOR		Phone Extension	Email Address

B. SPONSOR/FUNDING INFORMATION

Will this project be supported by an external funding agency? Yes No

If yes, please identify the source and contact information

Agency:	Contact Person:	Phone:	Email:
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C. LOCATION OF RESEARCH

Where will the study take place? SSU Other Facility

If not at SSU, attach a letter of cooperation on the letterhead of the facility and provide contact information. If there are multiple facilities, attach an additional page with the information for each.

Facility Name:	Contact Person:	Phone:	Email:
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D. PROPOSED CHANGES	
<input type="checkbox"/> Yes <input type="checkbox"/> No	CHANGE IN PERSONNEL (Co-investigator or key personnel)
	Identify personnel change and rationale for the change
<input type="checkbox"/> Yes <input type="checkbox"/> No	CHANGE IN NUMBER OF PARTICIPANTS
<input type="checkbox"/> Yes <input type="checkbox"/> No	REVISION TO INFORMED CONSENT FORM
	Attach original and revised document with changes noted (highlighted, bold, etc.)
	Provide Rationale/justification for the change
<input type="checkbox"/> Yes <input type="checkbox"/> No	REVISION OF METHODOLOGY
	Attach original and revised document with changes noted (highlighted, bold, etc.)
	Provide rationale/justification for the change
<input type="checkbox"/> Yes <input type="checkbox"/> No	REVISION OF INSTRUMENT (e.g., questionnaires or surveys completed by participants)
Explain in detail the proposed changes. Specifically describe how the proposed changes affect both the risks and the benefits of the study. Attach additional pages, if necessary	

I certify the information provided in this request for modification is complete and correct.

Principal Investigator/Faculty Advisor

Co-investigator/Student Investigator

Co-investigator/Student Investigator

Co-investigator/Student Investigator

Co-investigator/Student Investigator

Co-investigator/Student Investigator

Co-investigator/Student Investigator

Co-investigator/Student Investigator

**Please complete and return form to:

**Institutional Review Board
Office of the Provost
Room 124 Massie Hall**