Youngstown State University

Institutional Review Board

Office of Research Services

Phone: 330-941-2377

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Date Protocol Number

**AMENDMENT/MODIFICATION OF RESEARCH**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. 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 YSU faculty, staff, students, or registered volunteers are considered YSU affiliated and thus covered by the YSU 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 |

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| 1. 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: | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. LOCATION OF RESEARCH | | | | | |
| Where will the study take place? | | YSU | | Other Facility | |
| If not at YSU, 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: |

|  |  |
| --- | --- |
| PROPOSED CHANGES | |
| Yes  No | CHANGE IN PERSONNEL (Co-investigator or key personnel) |
|  | Identify personnel change and rationale for the change |
|  |  |
| Yes  No | CHANGE IN NUMBER OF PARTICIPANTS |
|  |  |
| Yes  No | REVISION TO INFORMED CONSENT FORM |
|  | Attach original and revised document with changes noted (highlighted, bold, etc.) |
|  | Provide Rationale/justification for the change |
|  |  |
| Yes  No | REVISION OF METHODOLOGY |
|  | Attach original and revised document with changes noted (highlighted, bold, etc.) |
|  | Provide rationale/justification for the change |
|  |  |
| Yes  No | REVISION OF INSTRUMENT (e.g., questionnaires or surveys completed by participants) |
|  |  |
| Explain in detail the proposed changes. Attach additional pages, if necessary | |
|  | |

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

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Principal Investigator/Faculty Advisor Co-investigator/Student Investigator