

REQUEST FOR MODIFICATION OF PREVIOUSLY APPROVED PROTOCOL

Title of Research Proposal: _____

Principal Investigator: _____

Address, City/State/ZIP: _____

Phone/Email: _____

Affiliations: _____

Co-investigators/DHH Collaborators: _____

Address, City/State/Zip: _____

Phone/Email: _____

Affiliations: _____

Begin date of Research: _____

End date of Research: _____

TYPE of modification request (check all that apply):

- Change in Principal Investigator or Co-Investigators (If checked, attach vitae.)
- Content in the data collection surveys, procedures, or other methods. (If checked, please submit tracked changes.)
- Subject selection criteria or recruitment methods.
- Changes to Informed Consent Form
- Scope of the Research Project
- Changes to University, Facility, or Program Office sponsors.
- There are no changes to protocol and changes in the start/end dates are requested.
- Other (Specify) _____

Explanation of changes checked above:

Signature of Principal Investigator

Date