

HANDWRITTEN FORMS WILL NOT BE ACCEPTED

SOUTHEASTERN UNIVERSITY INSTITUTIONAL REVIEW BOARD		
APPROVED PROTOCOL MODIFICATION REQUEST FORM		IRB Number
Title of Project:		
<i>Principal Investigator: I acknowledge that this represents an accurate and complete description of the proposed changes to the research.</i>		
Name of PI (typed)*	Signature of PI	Date
Department	College	
PI's Address (Street, City, State, Zip)	Phone	E-Mail
<i>Faculty Sponsor (complete if PI is a student): I agree to provide the proper surveillance of this project to ensure that the rights and welfare of the human subjects are properly protected.</i>		
Advisor's Name (typed)	Signature of Advisor	Date
Department	College	
Advisor's Address	Phone	E-Mail

❖ The signature of the Primary (lead) PI for the research is required. If PI is a student, the advisor must also sign. All PIs and advisor will receive notification of modification approval.

1. Changes to be made to: (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Project Title | <input type="checkbox"/> Advisor |
| <input type="checkbox"/> Principal Investigators (include resumes) | <input type="checkbox"/> Subject recruitment |
| <input type="checkbox"/> Sponsor | <input type="checkbox"/> Inclusion/Exclusion criteria |
| <input type="checkbox"/> Estimated # of Subjects | <input type="checkbox"/> Research Site(s) |
| <input type="checkbox"/> Subject Population | <input type="checkbox"/> Research Procedures |
| <input type="checkbox"/> Vulnerable Subject Population | <input type="checkbox"/> Consent form |
| <input type="checkbox"/> Decisionally Impaired | <input type="checkbox"/> Assent form |
| <input type="checkbox"/> Children age 17 or less | |
| <input type="checkbox"/> Pregnant Women | |
| <input type="checkbox"/> Prisoners | |
| <input type="checkbox"/> Other Vulnerable Populations | |

2. Describe in detail the proposed changes indicated above.

3. Explain the reason (s) for the requested changes.

4. Do these requested changes pose additional risks to subjects? Yes No

If Yes, please describe the risks and any procedures proposed to address them:

5. Submit all materials that are being revised with changes highlighted.

Submission Address:
IRB@seu.edu

For assistance, please contact the SEU IRB at IRB@seu.edu