Tulsa Community College

**INSTITUTIONAL REVIEW BOARD**

**MODIFICATION REQUEST FORM FOR APPROVED HUMAN SUBJECTS RESEARCH**C***omplete this form and submit electronically to:*** [***irb@tulsacc.edu***](mailto:irb@tulsacc.edu)***.***



**The following items must be submitted in order to process this request for modification:**  
 1. This completed TCC IRB Modification Request Form  
 2. A revised TCC IRB application form with changes highlighted  
 3. All IRB documents that are being modified with changes highlighted and/or any new documents

For additional information contact the IRB at [irb@tulsacc.edu](mailto:irb@tulsacc.edu).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PROTOCOL INFORMATION** | | | | | |
| Protocol No: | | | | | |
| Title of Protocol: | | | | | |
| Principal Investigator:  Department**:**   Email:  Phone**:** | | | | | |
| **TYPE OF MODIFICATION***(check all that apply and attach copies of all updated documents with highlights)* | | | | | |
| **Change in Investigators** | | | **Change in location of research** | | |
| **Change in study design** | | | **Change in participant activity** | | |
| **Change in participant cost or compensation** | | | **Change in recruitment method** | | |
| **Change in participant population** | | | **Change in consent form(s)** | | |
| **Change in funding source** | | | **Change in advertisement(s)** | | |
| **Change in risks and/or benefits** | | | **Other, describe****:** | | |
| **MODIFICATION SUMMARY** | | | | | |
| **Provide a summary of the current practices, a summary of the additions/changes you want to make to the protocol, and a rationale for each change.**   | **CURRENT PRACTICE** | **PROPOSED ADDITIONS/CHANGES** | **RATIONALE** | | --- | --- | --- | |  |  |  | |  |  |  | |  |  |  | | | | | | |
| **NEW INVESTIGATORS** (List any new investigators below) | | | | | |
| Name: | E-mail: | | | Is their human subjects training current?  Yes  No | |
| Name: | E-mail: | | | Is their human subjects training current?  Yes  No | |
| Name: | E-mail: | | | Is their human subjects training current?  Yes  No | |
| **INVESTIGATORS TO BE REMOVED** (List below any investigators being removed) | | | | | |
|  |  | | | |  |
|  |  | | | |  |
| **CURRENT PROTOCOL STATUS** | | | | | |
| Provide an estimated total number of participants enrolled in this study -  Is this study still open to new subject enrollment?  Yes  No  Have there been any complaints, adverse events, unanticipated problems, deviations, or any participant withdrawals related to any of the proposed changes you are currently requesting?  Yes  No If yes, please explain. | | | | | |
| **MODIFIED DOCUMENTS** Attached/Included with this request form *(check all that apply)* | | | | | |
| Revised IRB Application (with changes highlighted) | | Consent Form(s) (with changes highlighted if applicable) | | | |
| Survey/Instrument (with changes highlighted if applicable) | | Other - (with changes highlighted if applicable) | | | |
| Human subjects training document(s) | |  | | | |
| **PRINCIPAL INVESTIGATOR’S ASSURANCE** | | | | | |
| * I certify that the information provided in this IRB modification request is complete and accurate. * I understand that I cannot initiate any changes to my approved protocol prior to having received IRB approval of the requested modification.   PI Signature **­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date:  Printed name **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  \*Sponsor’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:  (**\*REQUIRED – if Co-PI is a student**)  Printed name **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |

Protocol No: **\_\_\_\_\_\_\_\_\_\_\_\_\_** Principal Investigator: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



**TCC IRB Office use:**

Date Received Modification Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Modification Request Approval Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IRB Approving Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**