 IRB Protocol #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

irb

**Request for Review of Modification or Amendment to Approved Research**

Any modification or amendment to an approved protocol must be reviewed and approved of by the LUIRB before implementation. Use additional pages as necessary. **THIS FORM MUST BE TYPED**

|  |  |
| --- | --- |
| Principal Investigator | Email: |
| Department: | Phone: |
|  |  |
| Department Chairperson/Supervisor:(If PI or Co-PI is a student) | Email: |
| Department: | Phone: |
|  |  |
| Project Title: |  |
|  |  |
| Agency: |  |
| Date of Most recent IRB Approval: | Anticipated End date: |
| **NUMBER OF SUBJECTS PARTICIPATING IN THIS STUDY TO DATE:** |
| **NUMBER OF SUBJECTS REFUSING TO PARTICIPATE OR WITHDRAWAING FROM THIS STUDY:** |

1. Describe the proposed modification in detail.

|  |
| --- |
|  |

2. Explain why the modification is necessary

|  |
| --- |
|  |

3. Will the modification require a change in the consent form or process? If so, attach a copy of the new consent form.

|  |
| --- |
|  |

PI: I certifiy that the information provided above and on any attachment is complete and accurate to the best of my knowledge and that the modified protocol will not be implemented until approved by the IRB.

PI Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Departmental Chairperson/Supervisor**: (**if PI is a Student**)

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Send **ONE COPY** of this form (with original signature) to:

**IRB Administrator,**

**Research and sponsored Programs,**

**Wright Hall, Rm 118**

**irb@lincoln.edu**

**Tel: 484-365-7696**

**(**Electronic submissions are accepted, but one copy with **Original signatures** is required. Send electronic submissions to Lu-irb@lincoln.edu. Please do not send your submission to the IRB Chair).

**The IRB review requests for Modification of Amendment protocols weekly.**