**Harrisburg University of Science and Technology**

**Institutional Review Board**

**Modification of Approved Research Study**

**Please forward this form, filled out completely and signed either physically or electronically, to** [**IRB@HarrisburgU.edu**](mailto:IRB@HarrisburgU.edu) **with any changes.**

***Note: Do not use this form for changes made prior to IRB approval or in response to an IRB review.***

IRB File No. Click or tap here to enter text.

Original IRB approval date: Click or tap to enter a date.

Project Title: Click or tap here to enter text.

Principal Investigator: Click or tap here to enter text.

**Please check the type of modification being submitted:**

**Change in procedure addition deletion modification Describe:** Click or tap here to enter text.

**Change in study personnel addition deletion modification Describe:** Click or tap here to enter text.

**Change in research site addition deletion modification Describe:** Click or tap here to enter text.

**Change in subject enrollment Increase or Decrease.**

**Describe** Click or tap here to enter text.

**Recruitment Material/Advertisement Change**

**Describe** Click or tap here to enter text.

**Consent/Assent/Permission form changes**

*If this is checked, attach a copy of the current approved consent document and a copy of the proposed consent document with changes highlighted.*

**Describe:** Click or tap here to enter text.

**Other**

**Describe** Click or tap here to enter text.

**Discuss if the modification(s) will affect research risk and/or benefits.**

Click or tap here to enter text.

**I understand that I cannot initiate any changes in my approved protocol before I have received IRB approval and/or complied with all contingencies/stipulations with regards to that approval.**

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**Signature of Principal Investigator Date**

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**Signature of Faculty Advisor Date**

**For IRB Use Only:**

**Minor, Non-substantive Change Approved by Expedited Review**

**Substantive Change Requiring Convened IRB Review**

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