**Wartburg College IRB
HUMAN SUBJECTS INSTITUTIONAL REVIEW BOARD**

**Request for Modifications to Approved Research**

**Students, your faculty/staff research advisor must send this completed form to** **irb@wartburg.edu****. The chairperson of the IRB will determine whether the proposed modifications require an expedited or full review.**

**Name of Investigator(s) (Students, include your research advisor):**

Click here to enter text.

**Email and Phone Number**

Click here to enter text.

**IRB Protocol Number**

Click here to enter text.

**Study Title:**

Click here to enter text.

1. **Please indicate what type of modification you would like to make by checking all that apply:**

[ ]  Modifications to data instruments.
[ ]  Modifications to consent or assent documents.
[ ]  Modifications to recruitment materials or recruitment methods.
[ ]  Change in number or type of subjects/participants.
[ ]  Change in inclusion/exclusion criteria.
[ ]  Change in research procedures.
[ ]  Change or addition of study sites.
[ ]  Change or addition of study personnel.
[ ]  Other.

1. **Describe the modifications you want to make to your study and why.**

Click here to enter text.

1. **Explain how these changes affect participants currently enrolled in the study, if applicable.**

Click here to enter text.

1. **If the current participants will be affected, explain how they will be notified of these changes.**

Click here to enter text.

1. **Indicate how the modification impacts the level of risk to subjects.**

[ ]  No Change
[ ]  Decrease
[ ]  Increase

1. **If you marked “Increase” under #5, please describe what the new risk(s) are and how an increase in risk to participants will be mitigated.**

Click here to enter text.

**Electronically sign your full name and provide the date in the box below**. (Student investigators must have faculty/staff research advisor sign as well)

By signing, you acknowledge that you understand that modifications affecting participants may not be implemented until a notification of approval has been sent by the IRB committee.

Principal Investigator signature and date:

Click here to enter text.

Faculty/staff research advisor signature and date (if applicable):

Click here to enter text.

**Submission Instructions:** Please be sure to make the modifications to the original protocol submission and attach any documents that have been revised due to the modification. You may email this form, along with any revised or new documents to irb@wartburg.edu.